

## **JANE W. MEYER MEMORIAL SCHOLARSHIP**

### **General Information**

KAPOS 8<sup>th</sup> Region is extremely proud of its annual Jane W. Meyer Scholarship program. This past year there were two recipients awarded a \$400 scholarship, and one \$200! The number of recipients and amount of scholarships may vary from year to year. Each applicant must show evidence of outstanding academic ability and leadership. This year we have reserved up to \$2000 in scholarships. The amount of each scholarship will depend on the number of outstanding applicants.

### **Scholarship Eligibility and Procedure**

Applicants must follow all instructions and provide all requested information to ensure full consideration by the KAPOs Scholarship Committee. All information will remain confidential.

\*Be a senior cheerleader.

\*Your current high school coach must be a member of KAPOs.

\*Complete all portions of this application - preferably typewritten or in blue/black ink.

\*Take the ACT or the SAT.

\*Applicant should list the class rank or percentile rank.

\*Obtain letters of recommendation from his/her cheerleader coach and Principal.

\*High School Counselor should complete Section V of the application.

\*Submit a photograph in your cheerleader uniform with application.

\*Attach a 200-word essay, "How has cheerleading helped me grow into the person I am today?"

\*Submit completed application, transcript, and test results, letters of recommendation, photo, and essay by November 8<sup>th</sup>. Applications received after deadline or incomplete applications will not be considered. Return applications to:

ROBIN HILL  
710 BROWNS LANE  
FRANKFORT, KENTUCKY 40601

**DEADLINE: November 8, 2019**

This Scholarship will be presented at the KHSAA 8<sup>th</sup> Region Competition  
on Saturday, November 23<sup>rd</sup> at Valley High School.

\*If only one applicant for scholarship; applicant must meet minimum requirements in all areas.

**JANE W. MEYER MEMORIAL SCHOLARSHIP  
CHEERLEADING**

NAME \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHEERLEADING EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

COACH/SPONSOR NAME \_\_\_\_\_

WHERE DO YOU PLAN TO ATTEND COLLEGE?

\_\_\_\_\_

MAJOR \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

TOTAL NUMBER OF FAMILY MEMBERS PRESENTLY LIVING AT HOME \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES \_\_\_\_\_

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AWARDS AND HONORS \_\_\_\_\_

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WHY DO YOU FEEL THAT YOU DESERVE THIS SCHOLARSHIP? \_\_\_\_\_

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LIST ANY UNUSUAL CIRCUMSTANCES WHICH MIGHT AFFECT THIS AWARD?

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This Section Must be completed by High School Counselor

Applicant's Name \_\_\_\_\_

\*Total Number in Applicant's Graduating Class \_\_\_\_\_

\*Applicant's Rank in Class or Percentile Ranking \_\_\_\_\_

\*ACT Test Scores

\_\_\_\_\_ English

\_\_\_\_\_ Math

\_\_\_\_\_ Reading

\_\_\_\_\_ Science

\_\_\_\_\_ Composite

\*SAT Test Scores

\_\_\_\_\_ Verbal

\_\_\_\_\_ Math

\_\_\_\_\_ Combined

\*Cumulative Grade Point Average (7 semesters):

unweighted \_\_\_\_\_

weighted \_\_\_\_\_

\*Briefly provide any additional information you would like as to whether or not you feel the above-named applicant should receive this KAPOS Scholarship. If you would prefer, this page and an official high school transcript for the applicant may be mailed to:

ROBIN HILL  
710 BROWNS LANE  
FRANKFORT, KENTUCKY 40601

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Counselor's Signature