

JANE W. MEYER MEMORIAL SCHOLARSHIP

General Information

KAPOS 8th Region is extremely proud of its annual Jane W. Meyer Scholarship program. 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 8th. 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

*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 _____

AWARDS AND HONORS _____

WHY DO YOU FEEL THAT YOU DESERVE THIS SCHOLARSHIP? _____

LIST ANY UNUSUAL CIRCUMSTANCES WHICH MIGHT AFFECT THIS AWARD?

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

Counselor's Signature