Olathe Noon Optimist Club.
Scholarship Application
$1,000 Scholarships offered to each Olathe High School
Application Due March 2, 2026

Name of Applicant:_____

Date of the Application:_____

Address of Applicant:_____

Personal e-mail address: _____

Date of Birth:_____Phone Number:_____

Name of High School you are now attending:_____

How many years have you been an Olathe resident:_____

Where do you plan to attend college/university?_____

Describe your community and volunteer involvement during the past four years:

_____

_____

_____

_____

_____

_____

List extracurricular school activities including any leadership positions:

_____

_____

_____

_____

_____

Indicate any honors or awards that you have received in the past four years, either community or school awards:

EDUCATION AND WORK EXPERIENCE AND GOALS

Write a short essay describing how you will include the *"Purpose of Optimism International"* into your future goals:

What are your long-range educational goals?

Do you presently hold a job?_____Where? _____

How long have you been employed at your present job? _____

FINANCIAL STATUS:

(Parent/Guardian) **Please** check the appropriate gross taxable income for last year:

_ Less Than $35,000 _ $35,001 to $55,000

_ $55,001 to$100,000 Over $100,000

dependent children: _ # dependent children in college__ _

Are any of these children receiving scholarships (full or partial)?_____

Cost for applicant to attend_____college for one year:

Tuition: _____
Room & Board: _____
Books: _____
Personal Expense: _____
TOTAL COLLEGE EXPENSES: _____

Estimate of Finances Available for one year:

Parent's/Guardian's contribution _____
Student's contribution _____
Scholarships Applied For _____
TOTAL AVAILABLE ASSETS _____

COLLEGE EXPEN'SE _____
TOTAL ASSETS _____
DIFFERENCE (EXP. :MINUS ASSETS) _____
AM:OUNT OF ASSISTANCE NEEDED _____

Are there any special or unusual circumstances that would indicate that you have special financial **needs** in order to attend college

_____

_____

_____

The following is required for this application to be considered:

Three sealed confidential references, one must be from a High School teacher
A copy of your High School Transcript

PARENT'S CONFIRMATION:

I have reviewed this form, and this application is being made with my approval.

Parent's Signature_____Date: _____

Applicant's Signature_____Date: _____

This application MUST be completed in its entirety to be considered for our Scholarship.

Please complete and send your application to:

Dennis Vaverka, Scholarship Chair
10957 S. Heatherwood St.
Olathe, KS 66062