



Optimist INTERNATIONAL

Olathe Noon Optimist Club.
Scholarship Application
\$1,000 Scholarships offered to each Olathe High School
Application Due March 3, 2025

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 EXPENSE	_____
TOTAL ASSETS	_____
DIFFERENCE (EXP. :MINUS ASSETS)	_____
AMOUNT 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. 66061