

# Phil Roberts Scholarship Financial Need Application

## Please Complete

(To request an electronic copy, see contact information at the bottom of the second page)

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Social Security number \_\_\_\_\_ Email address \_\_\_\_\_

High School \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

College you plan to attend \_\_\_\_\_

Tuition rate per semester \_\_\_\_\_

Total annual family income on most recent tax return \_\_\_\_\_

Number in your immediate family \_\_\_\_\_ Number currently in college \_\_\_\_\_

Area of study \_\_\_\_\_

- Indicate any scholarships or sources of financial assistance you expect to receive:
- Financial need is one of the criteria of the Phil Roberts Scholarship. Please indicate why you are seeking this award.

- Explain how you have established and completed a goal for yourself.

- Attach high school transcript and ACT/SAT score(s).

Please complete this form and submit by the deadline (***last Thursday in February***) along with your (1) application, (2) permission form to share your information, (3) non-user certification form, (4) transcript and ACT score(s) to:

Phil Roberts Scholarship  
Attn: Annette Miller  
201 North Forest Avenue  
Independence, Missouri 64050

If you have any questions or wish to request an electronic copy of this application, contact Annette Miller ([annette\\_miller@idschools.org](mailto:annette_miller@idschools.org))

Failure to complete the application fully or to omit required material may result in not being considered for the scholarship.