



Blue Springs Education Foundation Scholarship Cover Sheet
Attach this application cover sheet with all materials and information required for this scholarship.

Scholarship you are applying for: _____

(Check appropriate high school)

___ Blue Springs

___ Blue Springs South

___ Valley View

Applicant's Name: _____

M _____

F _____

Address _____

City, State Zip _____

Student contact number(s) _____

Student Email Address _____ (please print clearly)

University, College or Technical School where you plan attend: _____

Parent/Guardian Name (s) _____

Parent/Guardian Contact number(s) _____

Parent/Guardian signature

Student signature

I hereby confirm that all information provided on the application is true/correct, and I understand that false information automatically disqualifies me from eligibility. I confirm that by submitting this application, upon earning a scholarship, I give permission for my name and photo to be used in publications.

Please submit applications to your high school counseling center.