Jo Anne Baker was an essential part of Oakwood Manor Elementary since its annexation by North Kansas City Schools in 1959. She opened the library, and it’s where her own children went to school. For 34 years, she served as an office clerk. She loved her job and the thousands of young people who attended school there over the decades. This memorial scholarship will be awarded to a graduate of North Kansas City Schools who is also a former student at Oakwood Manor.

**Deadline**
Tuesday, March 26, 2019

**Amount**
One annual $500 scholarship

**Eligibility**
- You must have attended Oakwood Manor Elementary School and be a 2019 senior graduating from North Kansas City, Oak Park, Staley or Winnetonka High Schools.
- You must plan to pursue a post-secondary program of study at a two- or four-year institution.
- You must have maintained a GPA of 2.5 or higher during high school career.
- You must have performed at least 50 hours of community service during high school.

**Required Documents**
- **Official Grade Transcript:** Include your high school transcript showing you have achieved at least a 2.5 GPA.
- **Community Service Form:** Submit documentation showing that you have performed at least 50 hours of community service OR complete the attached form.
- **Personal Essay:** Write an essay of at least 250 words explaining the community service you performed during high school and how it has made an impact in life.

**Process**
The Selection Committee will consist of Jo Anne Baker’s family members and Oakwood Manor staff members.

**Payment**
The scholarship will be paid directly to the institution you plan to attend by the North Kansas City Schools Education Foundation, which holds the funds for the Jo Anne Baker Memorial Scholarship. If you do not complete a minimum of one semester, the funds must be returned to the Education Foundation so the first alternate may receive them.

Please submit the application form and all supporting materials in one envelope and mail or deliver to: Jan Lewis, North Kansas City Schools Education Foundation, 2000 NE 46th Street, Kansas City, MO, 64116. Or email all required documents to jan.lewis@nkcschools.org. Applications must be postmarked or delivered by 5 p.m. Tuesday, March 26, 2019.
Jo Anne Baker Memorial Scholarship
2019 Application Form

Your Name: ________________________________ Date of Birth: __________

Address: ________________________________

City: __________________________ State: _______ Zip: __________

Home Phone: ___________________ Cell: __________________

Personal E-mail: ____________________

Years Attended Oakwood Manor Elementary School: ______________________

High School: _______________________________________________________________________

College Attending or Planning to Attend: ________________________________

Major Course of Study: ________________________________

Minor Course of Study: ________________________________

1st Parent/Legal Guardian: _________________________________________

Address (if different from above): ________________________________

Place of Employment: __________________________ Title: __________________

2nd Parent/Legal Guardian: ________________________________

Address (if different from above): ________________________________

Place of Employment: __________________________ Title: __________________

How are you financing your education? ________________________________

____________________________________________________________________________________

ESSAY: On a separate sheet, submit a typewritten essay of at least 250 words explaining the community service you performed during high school and how it has impacted your life.

Your Signature: ___________________________ Date: ______________

Signature of Parent/Guardian: ___________________________ Date: ______________

Please submit your application form and all supporting materials in one envelope and deliver or mail to: Jan Lewis, North Kansas City Schools Education Foundation, 2000 NE 46th Street, Kansas City, MO 64116. Or email all required documents to jan.lewis@nkcschools.org. Applications must be postmarked or delivered by 5 p.m. Tuesday, March 26, 2019.
Jo Anne Baker Memorial Scholarship Community Service Form

Student Name: _____________________________________________________________________________
__________________________________________________________________________________________

Name of Service Agency or Organization: _______________________________________________________

Address: __________________________________________________________________________________

Supervisor/Title: ___________________________________________________________________________

Project Date(s): _____________________________________ Total Volunteer Hours: ____________

Brief Description of Project: __________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Name of Service Agency or Organization: _______________________________________________________

Address: __________________________________________________________________________________

Supervisor/Title: ___________________________________________________________________________

Project Date(s): _____________________________________ Total Volunteer Hours: ____________

Brief Description of Project: __________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Name of Service Agency or Organization: _______________________________________________________

Address: __________________________________________________________________________________

Supervisor/Title: ___________________________________________________________________________

Project Date(s): _____________________________________ Total Volunteer Hours: ____________

Brief Description of Project: __________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________