



Kansas City, Kansas Public Schools
Grow Your Own
Scholarship Application for Prospective Teachers

Name: _____ Telephone: _____
Last First Middle

Address: _____ City: _____ State: _____ ZIP: _____

School you attend: _____ Counselor: _____

GPA: _____ Composite ACT score: _____ Verbal SAT score: _____

Math SAT score: _____ P.S.A.T.: _____ Social Security #: _____
optional

College choice:

1. _____

2. _____

Indicate how you have demonstrated your interest in the teaching profession:

List community service / volunteer work (unpaid):

List work experience (salaried):

Extra curricular activities:

Honors/awards received:

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List names of recommending individuals:

administrator _____

academic teacher _____

academic teacher _____

other (counselor, mentor, etc.) _____

Please attach a one page typewritten essay (double spaced) explaining why you were interested in being a teacher, and what impact you will make on the teaching profession.

I have given permission for release of transcript information.

Date

Applicant Signature

Parent Signature