



## STUDENT ACTIVITIES

List activities (extracurricular, community, or work) in which you participated during high school. Include the name of the organizations, offices held, number of years involved, work experiences, etc. Describe any skills or abilities such as leadership, teamwork, communications, etc., which you have developed through these activities.

<u>Activity/Organization</u>	<u>Year(s)</u>	<u>Office Held/Duties</u>	<u>Skills/Abilities Developed</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SUBMISSION REQUIREMENTS

In order to apply for any of these scholarships, you must complete and return this form to the Center Place Restoration School office. In addition to the application, you must supply the following:

- \* A short essay written by you, explaining how your education will help you in building up the Center Place of Zion. The essay should be limited to no more than one double space typed or printed page.
- \* Two letters of recommendation validating the accomplishments outlined above, written by individuals who have had direct interaction with you during the high school years. The letters may NOT be written by you, a relative or legal guardian, or anyone under the age of 21. *The letters should be sent directly to: CPRS, Attn: Dan Schoenemann, 819 W. Waldo Ave., Independence, MO 64050.*

Letters submitted will be from:

Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

I verify that all information on this application is correct, and understand that additional information submitted by the School Counselor or Administrator will be considered prior to awarding the scholarship funds.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# CENTER PLACE RESTORATION SCHOOL STUDENT SCHOLARSHIP STANDING

This form is to be completed by the School Counselor or Administrator and submitted directly to the CPRS office for consideration. The applicant may not view this portion of the scholarship application.

Student Name \_\_\_\_\_

Projected Class Rank \_\_\_\_\_ in a class of \_\_\_\_\_ ACT Score \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Outstanding      Above Average      Average      Below Average      No Basis for Judgment

**ABILITIES AND CHARACTER**

Based on first-hand knowledge of this student, please rank him or her in the following areas.

Academic Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect from Faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date