

**SACHEL PAIGE FOUNDATION SINGLE PARENT SCHOLARSHIP APPLICATION**

P.O. Box 270471  
 Kansas City, MO 64127-0470

PLEASE PRINT IN BLUE OR BLACK INK OR TYPE ALL INFORMATION

1. Name \_\_\_\_\_ (Print) SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Maiden name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Email address \_\_\_\_\_ @ \_\_\_\_\_
5. Home or Message Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_
6. Place of Employment: \_\_\_\_\_
7. Work Phone No.: \_\_\_\_\_ How Long employed: \_\_\_\_\_ (Month/Years)
8. How long have you been a Jackson County resident? \_\_\_\_\_
9. How long have you lived at your current address? \_\_\_\_\_ years/months
10. Do you plan to live in Jackson County after you graduate? \_\_\_\_\_
11. Current Monthly Household net income: \$ \_\_\_\_\_

**PERSONAL INFORMATION**

STATUS: Single  Divorced  Separated  Widowed

1. Excluding yourself, list the names, ages and relationships of all those living in your household.

FIRST NAME, MIDDLE INITIAL & LAST NAME	AGE	RELATIONSHIP

2. Are you covered by health insurance? Yes  No
3. Are your dependents covered by health insurance? Yes  No
4. Does anyone else share household expenses with you on a regular basis? Yes  No   
 If yes, who: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Wkly/Monthly



**SPF Single Parent Application cont'd.**

1. Please have three people (not relatives) who are familiar with your life experiences and character send the enclosed form Letters of Recommendation to the SPF Program, Committee (address below) prior to deadline.
2. Please attach a personal statement explaining why you chose this course of study and what you hope to achieve. Feel free to include any information about yourself that will be helpful to the selection committee in its evaluation.
3. Please attach a 300-word essay on how obstacles overcome by Satchel Paige can assist you in overcoming obstacles in your own life.
4. Have you previously applied for a SPF Single Parent Scholarship? Yes  No   
If yes, date you applied: \_\_\_\_\_
5. **Are you related to a SPF Board member or staff** No  Yes   
**If yes, name of Board member or staff:** \_\_\_\_\_

**Optional Information**

Gender and ethnic origin are requested to maintain case histories. Gender:  Male  Female

Ethnic Origin:  American Indian or Native Alaskan  Asian or Pacific Islander  White/Black  
 White, Non-Hispanic,  Black, Non-Hispanic  Hispanic

**REQUIRED STATEMENT: *Read Carefully before signing.***

**By my signature I certify that the information and statements on this application are true and correct, and I understand that all required credentials must be submitted in order for my application to be accepted. I authorize the Satchel Paige Foundation to maintain all my records under my signed name, and I understand these records and credentials in support of my application are the property of the SPF and may not be returned or reproduced. I hereby give permission for all information related to my financial aid to be released upon request to the Satchel Paige Foundation. I understand the questions and statements on this application and realize that failing to provide adequate verification when asked my result in my application being denied and that such actions may impact consideration for future applications.**

**I understand that hiding information or giving false or misleading information on this application will disqualify me from obtaining scholarship funds.**

X \_\_\_\_\_ (Date)  
(Applicant Signature)

**Scholarship recipients agree to the use of their names, likenesses and biographical information contained in their application for advertising and promotional purposes for the Satchel Paige Foundation programs without further compensation or notice.**

X \_\_\_\_\_ (Date)  
(Applicant Signature)

Mail application to:  
Satchel Paige Foundation  
Single Parent Scholarship  
P.O. Box 27041  
KCMO 64127-0470