

KRISTINE COOPER MEMORIAL SCHOLARSHIP

***(SPONSERED BY THE DELTA PSI CAREER CHAPTER OF BETA SIGMA PHI SORORITY)
ODESSA, MISSOURI***

The Kristine Cooper Memorial Scholarship was established in August 2000, and is open to all graduating seniors from the Odessa R-VII High School. It is the intent of the scholarship to provide an opportunity for a determined, serious student to pursue further education or training at an accredited college or vocational school. Scholastic success and evidence of determination, commitment and a desire to succeed are the determining factors rather than class rank or ACT scores. Two (2) scholarships will be awarded annually in the amount of \$150.00 (each) to a male and female student.

Throughout her life, Kris illustrated the determination to apply herself to the best of her ability, excelling in academics, fine arts and athletics. After receiving her degree in education, Kris continued to display the same dedication in her career, community and personal life. The family, friends and community members established the funds for this scholarship in loving memory and dedication to the life of this outstanding young woman.

The scholarship selection committee will be comprised of two sorority members, a family member and a high school counselor. The scholarship funds will be distributed directly to the business office of the selected college or vocational school of the recipient.

All applications must be submitted to the Odessa R-VII High School Counseling Office by March 4.
Please submit a typewritten application.

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(PLEASE SUBMIT A TYPEWRITTEN APPLICATION.)

NAME: _____

ADDRESS: _____

STUDENT EMAIL: _____

HOME TELEPHONE NUMBER: _____

NAME OF PARENTS/GUARDIAN: _____

PARENT/GUARDIAN EMAIL: _____

ADDRESS: _____

COLLEGE/VOCATIONAL SCHOOL YOU PLAN TO ATTEND: _____

ADDRESS: _____

PLEASE LIST ALL SCHOOL AND COMMUNITY ACTIVITIES/ORGANIZATIONS IN WHICH YOU HAVE PARTICIPATED, INCLUDING ANY OFFICES HELD, HONEORS ACHIEVED AND AWARDS RECEIVED.

ARE YOU EMPLOYED? YES NO NAME OF BUSINESS: _____

POSITION: _____ DATES OF EMPLOYMENT: _____

PLEASE LIST ANY PREVIOUS EMPLOYMENT AND DATES:

ARE YOU A REGISTERED VOTER? YES NO

HOW MANY SIBLINGS ARE IN YOUR IMMEDIATE FAMILY? _____

PLEASE NOTE ANY OTHER SPECIAL CIRCUMSTANCES THE SELECTION COMMITTEE SHOULD
CONSIDER:

COUNSELOR’S CERTIFICATION

CLASS RANK: _____ GPA: _____

DATE OF HIGH SCHOOL GRADUATION: _____

COUNSELOR’S SIGNATURE: _____