



KENNETH L. SHORT MEMORIAL SCHOLARSHIP 2019-20 APPLICATION FORM

PERSONAL INFORMATION

FULL NAME: _____

HOME ADDRESS: _____

PHONE: () - _____

DATE OF BIRTH: _____ SEX (M or F): _____

PARENT NAME(S): _____

SCHOOL DISTRICT: _____

IF YOU HAVE BEEN ACCEPTED TO A COLLEGE OR UNIVERSITY, GIVE SCHOOL NAME AND LOCATION:

SCHOOL ACTIVITIES

COMMUNITY ACTIVITIES

Work Experiences

Deadline for submission of scholarship applications is **April 3, 2020** Submit to:

**Kenneth L. Short Memorial Scholarship
Opaal Food Management, Inc.
16401 Swingley Ridge Road, Suite 600
Chesterfield, MO. 63017
Attn: Catherine Mitchell**