

Mrs. Lynn Parker Memorial Scholarship

This fund was established in memory of Mrs. Lynn Parker. Lynn was a Blue Springs District legend. She spent over 25 years teaching kindergarten, second grade, and Special Education, mostly at James Lewis Elementary, where she was a two-time Teacher of the Year. Her love for learning, reading, and, most importantly, her students was evident in her dedication and passion for teaching. Unfortunately, Lynn lost her battle with cancer suddenly in 2018. This scholarship is to inspire future educators to follow Lynn's commitment to her community through teaching.

The Lynn Parker Memorial Scholarship will assist a senior graduating from the Blue Springs High School (special consideration for those who attended James Lewis Elementary) planning to attend an accredited two-year or four-year College or university with a \$1,000 non-renewable scholarship. Students will be honored and receive recognition at the *Blue Springs Education Foundation Reception in April*.

The scholarship will be awarded based on the following criteria:

- ❖ Attending an accredited 2 or 4-year college or university
- ❖ GPA of 2.5 or higher
- ❖ Plan to major in Elementary Education
- Senior at Blue Springs High School
- ❖ Two letters of recommendation from a BSSD staff members

Along with the application, a short essay of 500 words or less should be attached describing why you want to become a teacher.

High School:		Year of graduation:	
School you are planning to attend	(College, Junior coll	ege):	
Please list any elementary schools	you attended:		
Cumulative GPA	Field of Study:		
Future Ambition:			
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Completed applications for the scholarship need to be submitted to your high school counseling center by the last Friday in February.



Blue Springs Education Foundation Scholarship Cover Sheet

All scholarship applications due the last Friday in February.

	(Check appropri	iate school)			
Blue Springs	Blue Spring	s South	Valley View		
Attach this applicati	on cover sheet with all material	s and information require	ed for eac	ch scholarsh	nip.
Applicant's Name			_M	_ F	
Address					
Student contact number(s)	Cell number	Home numbe	er	_	
Student Email Address			(plea	se print cle	early)
University, College or Techn	ical School where you plan t	o attend:			
	for: Mrs. Lynn Parker Mem				
Parent/Guardian Name (s)					
Parent/Guardian Contact nun	nber(s)				-
Parent/Guardian signature		Student signature			

I hereby confirm that all information provided on the application is true/correct, and I understand that false information automatically disqualifies me from eligibility. I confirm that by submitting this application, upon earning a scholarship, I give permission for my name and photo to be used in publications.

Please submit applications by the last Friday in February to your high school counseling center.