



KENNETH L. SHORT MEMORIAL SCHOLARSHIP

Opaa! Food Management is proud to have been serving the nutritional needs of Missouri students since 1978. In memory of **Kenneth L. Short**, founder of **Opaa! Food Management**, a one-year scholarship in the amount of **\$1000** will be awarded to one 2016-17 graduating high school senior from a school district currently served by Opaa! Food Management.



To be eligible for this scholarship, you must enroll in an accredited college or university and demonstrate an interest in pursuing a career in the food service/hospitality industry.

Selection criteria for this scholarship include academic achievement; work experiences; and participation in student, school, and community activities.

Please submit with your application:

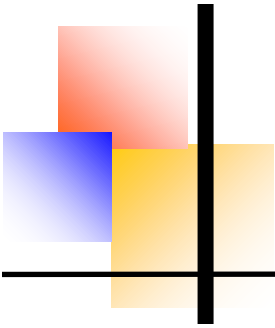
- *a typed statement of less than 500 words as to why you are applying for this scholarship; a description of your high school and community activities; work experiences; and your intended career path*
- *a letter(s) of recommendation from a high school teacher*
- *a copy of your high school transcript*

The scholarship is for the first year of college only and is payable in the amount of \$500 each semester-end directly to the college in the recipient's name. The recipient of the scholarship must maintain full-time student status (enrollment in at least 12 hours per semester or term) and present a copy of that semester's grade report to Opaa! Food Management demonstrating a minimum of a 2.0 grade point average for all classes prior to scholarship payment.

Non-participation and/or less than full-time enrollment will result in cancellation of the scholarship.

Deadline for submission of scholarship application is **April 7, 2017** All applications should be submitted to:

Kenneth L. Short Memorial Scholarship
Opaa! Food Management, Inc.
100 Chesterfield Business Parkway, Suite 310
Chesterfield, MO. 63005
Attn: Catherine Mitchell



KENNETH L. SHORT MEMORIAL SCHOLARSHIP 2016-17 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

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