



School District of Independence Foundation
Application
Classified Employee of the Year-Barbara McDonald

Last Name _____ First Name _____ Emp # _____

Street Address _____

City _____ State _____ Zip _____

Work Location _____ Phone # _____

Email address _____

Department:

- CFLC
- Facilities
- Nurse
- Nutritional Services
- Para-educator
- Secretary
- Transportation

Years in district _____ Date employed at ISD _____

Year of high school graduation or obtaining GED _____

High School/GED location _____ College hours (if any) _____

Briefly state why you are applying for this scholarship: _____

Please state your career goals five years from now: _____

Applicant Signature _____ Date _____

RETURN COMPLETED APPLICATION TO:

By mail: ISD Foundation OR Inter-office mail: Foundation Office
201 N Forest Ave
Independence, MO 64050