



School District of Independence Foundation
Application
Classified Employee of the Year-Juna Kay Lea

Last Name _____ First Name _____ Emp # _____

Street Address _____

City _____ State _____ Zip _____

Work Location _____ Phone # _____

Email address _____

Department:

- | | |
|---|---|
| <input type="checkbox"/> CFLC | <input type="checkbox"/> Para-educator |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Nutritional Services | |

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