



# 2025 Roger Kramer Memorial Scholarship

## Presented by the Tour de Donut

<b>PART 1 - Applicant Information</b>					
Name:					
Address:					
City:		State:		ZIP Code:	
Date of Birth (mm/dd/yyyy):		Phone:		Email:	
<b>PART 2 – Academic Information</b> (High School and College, if accepted or already attending)					
<b>High School:</b>					
Address:					
City:		State:		ZIP Code:	
SAT Scores:	Math:	Verbal:	Written:	Total:	ACT Score:
GPA:	Class Standing (n of n):		of	High School Graduation Date (mm/dd/yyyy):	
<b>College/University/Vocational School</b> you are attending or plan to attend:					
Address:					
City:		State:		ZIP Code:	
Current GPA:	Major:				
Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			Hours per Semester/Quarter:		
Next Semester Level: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior					
Do you work while attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No				Next Start date (mm/dd/yyyy):	
<b>PART 3 – MEMBERSHIP/INVOLVEMENT QUESTIONS</b> (complete each section A through D)					
<b>A. Describe your educational and professional goals and objectives.</b>					

**B. Describe your membership/involvement in extracurricular clubs or activities. Include positions of leadership.**

**C. Describe your membership/involvement in community, church, or volunteer activities.**

**PART 4 – ESSAY.**

Use this section to submit an essay between 250 - 500 words about bicycling and the role it has played in your life. (Attach a separate sheet for the essay, if desired.)

**PART 5 – 2025 TOUR DE DONUT RIDE PARTICIPATION. APPLICANT MUST PARTICIPATE IN THE 2025 TOUR DE DONUT BICYCLE RIDE OR HAVE COMPLETED VOLUNTEER SERVICE IN SUPPORT OF THE 2025 TOUR DE DONUT RIDE IN ORDER TO BE ELIGIBLE FOR THE SCHOLARSHIP!**

DID YOU PARTICIPATE IN THE 2025 TOUR DE DONUT AS A RIDER?  YES RIDER NUMBER: \_\_\_\_\_  
DID YOU VOLUNTEER AT THE 2025 TOUR DE DONUT EVENT?  YES  
YOUR VOLUNTEER COORDINATOR'S NAME & PHONE #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed:

**A COPY OF YOUR LATEST OFFICIAL TRANSCRIPT MUST BE INCLUDED!** (HIGH SCHOOL OR COLLEGE)

Please return completed application no later than **AUGUST 1, 2025** to:

**Via US Mail:**

Tour de Donut Scholarship  
c/o Lauri Dick  
17710 Old Jamestown Rd.  
Florissant, MO 63034

**Or Via e-mail** (be sure to attach application and transcript files to the e-mail): lauridick@charter.net