

COMMUNITY SCHOLARSHIP, INC. HIGH SCHOOL APPLICATION FORM

President: Lois Steiner
Secretary: Christina Hayes
Treasurer: Cindy Stueder

NAME OF APPLICANT _____ DATE _____

GRADUATION YEAR _____

PARENTS' NAMES _____

PARENTS' MAILING ADDRESS _____ CITY _____ ZIP _____

1. School activities and the years of participation (list them): example: FFA-2 years

- | | |
|-----|-----|
| (A) | (E) |
| (B) | (F) |
| (C) | (G) |
| (D) | (H) |

2. List awards or honors you have received while in school.

3. What elective offices have you held while in school?

- | | |
|-----|-----|
| (A) | (E) |
| (B) | (F) |
| (C) | (G) |
| (D) | (H) |

4. Church activities and the approximate hours of participation (list them):
High School years only.

- | | |
|-----|-----|
| (A) | (C) |
| (B) | (D) |

5. Community/Volunteer activities and the approximate hours of participation (list them):
High School years only

(A)

(C)

(B)

(D)

6. Work Experience Paid or Non-Paid / Responsibilities and Duties Involved (list them):

(A)

(B)

(C)

(D)

7. Supply three letters of recommendation.

(A) Current High School Teacher

(Name _____)

(B) High School Teacher, Paraprofessional, Principal, Counselor, or Coach.

(Name _____)

(C) Employer or an individual other than a family member who is in a position to know you well.

(Name _____)

The letters of recommendation are to be confidential. Envelopes should be prepared by the student applicant for those individuals writing letters of recommendation. Envelopes should be addressed and sent to **Community Scholarship, Inc., Box 541, Claflin, Kansas 67525.**

8. What career choices are you interested in?

9. List the college or vocational school of your choice.

10. Why is this scholarship important to you?

11. What other scholarships and their amounts have been awarded to you at this time?
(Scholarships Awarded will not be considered in awarding our scholarships)

12. What is the base cost of attendance of your first year of college? (Include Tuition, Books, Room and Board)

\$ _____

13. How much will you be able to contribute towards this cost?

\$ _____

14. Approximately how much money can you earn during the summer?

\$ _____

15. What other financial help is available?

16. List other children in your family, including ages, who are still living at home or are full time college students.

17. Request the school counselor to send a transcript and ACT scores by **April 1, 2019** to Community Scholarship, Inc., Box 541, Claflin, Kansas 67525.

18. This application must be **complete and postmarked** by **April 1, 2019**. Please mail to: Community Scholarship, Inc., Box 541, Claflin, Kansas 67525.

19. All letters of recommendation must be in the hands of the Community Scholarship Committee by **April 1, 2019**.

20. You will meet with the scholarship committee at a time selected by you from posted times for a personal interview on **April 28, 2019**.

21. In the space below, explain fully, in your own handwriting, your objectives, ambitions, and tentative plans for the future.

I have read all qualifications for these scholarships and certify that all information included is true, to the best of my knowledge, and complete.

Student (Signature)

Date

Student's Cell Number

Student's e-mail (non-school)

***Applicant, please note that all monetary awards will be held until acknowledgement of thanks and proper notification of enrollment is received.**

**COMMUNITY SCHOLARSHIP RECOMMENDATION FORM
CENTRAL PLAINS HIGH SCHOOL - CLAFLIN**

Applicant: _____ is applying for a Community Scholarship.
Please give us your candid opinion of this applicant's qualifications. All information will be kept confidential. Please place in an envelope and return to the Central Plains High School Counselor/Office, **or** mail to the Community Scholarship Committee, Box 541, Claflin, Kansas 67525. Please return by **April 1, 2019**.

How long have you known the applicant? _____

In what relationship have you known the applicant (i.e. teacher, counselor, administrator, employer, friend)? _____

What do you consider the applicant's strongest characteristics and why?

What traits does the applicant have that might impact his/her success in post-secondary education?

Please rate the applicant in the following areas using the ratings: *Excellent, Very Good, Good, Fair, Poor, or Not Applicable.*

Scholarship in your class(es) _____

Reliability/Dependability _____

Honesty _____

Motivation/Initiative _____

Ability to Work With Others _____

Attendance _____

Ability to Start Tasks Promptly _____

Ability to Work Independently _____

Kindly give us further information that you have about this person that will help us to decide upon the applicant's suitability for this scholarship. If additional space is necessary, the reverse side of this form may be used.

DATE _____

SIGNATURE _____

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