

DOUGLASS UNIFIED SCHOOL DISTRICT 396 SCHOLARSHIP APPLICATION

The purpose of this scholarship is to provide financial assistance to Douglass High School seniors and/or non-traditional students who are furthering their careers through higher educational pursuits through a college or university. Qualified individuals are those who possess a 3.2 GPA or higher, are good citizens, and have financial need.

Scholarship award will be in the amount of \$350. The scholarship will be awarded at the Douglass High School Annual Awards Banquet held in May. Recipient will be announced at the Central Kansas Community Foundation-Butler County Awards Banquet in El Dorado, Kansas on June 6, 2015.

Application due April 8, 2015

Section I. Information to be supplied by applicant. Student Name: _____ Middle Last □ Female Date of Birth: Permanent Address: Number/Street Zip Home Phone: (_____)_____ Cell Phone: (_____)____ Email Address (*Please do not use your high school email address*): Father or Guardian (if under 18 years old) Name: First Last Mother or Guardian (if under 18 years old) Name: _____ Last What high school are you currently attending?

Academic classificati	on for the Fall semester:			
□ College Freshman	□ College Sophomore	□ College Junior	□ College Senior	
What college or unive	ersity do you plan to attend	during the Fall semester?		
What is your admissio	n status to the college or un	iversity listed above?		
□ Pending □ Ad	mitted Denied	□Wait List		
College or University	Address:	Number/Street		
	City	State	Zip	
Student ID # (if availa	able):			
Will you be attending	college full time during the	e Fall semester? □ Yes	□ No	
		(specialty area/emphasis of s		
What is your anticipated tuition for the upcoming school year? \$				
Have you completed the FAFSA (Free Application for Federal Student Aid)?				
□ Yes □ N	10			
If yes, do you qualify	for need-based financial ai	d?		
□ Yes □ N	No			
Have you been granted any other scholarships and/or grants for the coming school year?				
□ Yes □ N	No			
If yes, please list the their value.	name of all other scholarshi	ips and/or grants in which yo	ou have been granted includi	ng

Number of dependents living in your household (including self):			
Number of people living in your household who will be attending college as a full-time or part-time student next semester (<i>including self</i>):			
Are there any special financial circumstances that will affect your education?			
□ Yes □ No			
If yes, please share any relevant information that helps demonstrate your current financial situation.			
List any high school and/or community activities (e.g., clubs, debate, student government, fine arts, youth programs, athletic programs, music, scouting) that you have been involved in within the past four (4) years. Please provide number of years you contributed to each activity and if you held a leadership role.			

Please list special recognitions, awards, and/or honors you have received within the past four (4) years. Include honorary organizations in which you belong or have belonged.
List any community service/volunteer activities you have been involved in within the past four (4) years. Please provide number of hours that you contributed to each activity.
Briefly discuss your educational goals and future plans.
Л I Р э по

Please write an essay on how it would benefit you and/or your family if y Unified School District 396 Scholarship (<i>maximum 500 words</i>).	you were awarded the Douglass

I certify the information provided in this application is accurate and compunderstand failure to provide full documentation or falsification of creder this application. In the event I receive a scholarship award and elect not to the award will be returned to the Douglass Unified School District 396 School	ntials will result in disqualification of o attend school during that school year,
Applicant Signature	Date

Section II. Information to be supplied by recommenders.
*Provide three (3) SEALED letters of recommendation and attach to application. Parents and immediate family members are not eligible to write the evaluation (<i>Letter of Recommendation Forms attached.</i>)
Please list recommenders below.
Recommender:
Recommender:
Recommender:

LETTER OF RECOMMENDATION FORM

Applicant Name:	
To Recommender: The above named applicant is applying for a scholarship from Foundation, an affiliate of Central Kansas Community Foundation. Your evaluation application process. The student has authorized you to release any information you reviewing his/her application. Your cooperation in providing this information is impaward recipients. On a separate page, please make a statement describing the applicant community leadership abilities, potential to succeed, and evidence of the studer weaknesses, not to exceed one page in length. To insure confidentiality, please returnecommendation letter to the student in a sealed envelope with your signature across	is needed as part of the feel would be helpful in portant to the selection of cant's character, school, nt's strengths and rn this form and
Recommender	
Name:	
First Phone: ()	Last
Email Address:	
Relationship to Applicant:	
How long have you known applicant?	
An evaluation received with a broken seal will be rejected. Please be sure to <u>seal areturn</u> to applicant so it may be included along with the application. Remember – pfamily members are not eligible to write the evaluation. Only one copy of this is neconfidential nature of the document.	parents and immediate

Douglass Community Foundation, an affiliate of Central Kansas Community Foundation, manages the Douglass Unified School District 396 Scholarship Fund. If you have questions or need further information, please contact Chancy Gerbitz at chancy@centralkansascf.org or 316.283.5474. Additional information posted at www.centralkansascf.org.

LETTER OF RECOMMENDATION FORM

Applicant Name:				
To Recommender: The above named applicant is applying for a scholarship from the Douglass Community Foundation, an affiliate of Central Kansas Community Foundation. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. On a separate page, please make a statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses, not to exceed one page in length. To insure confidentiality, please return this form and recommendation letter to the student in a sealed envelope with your signature across the seal.				
Recommender				
Name:				
First Phone: ()	Last			
Email Address:				
Relationship to Applicant:				
How long have you known applicant?				
An evaluation received with a broken seal will be rejected. Please return to applicant so it may be included along with the application family members are not eligible to write the evaluation. Only one confidential nature of the document.	. Remember – parents and immediate			

Douglass Community Foundation, an affiliate of Central Kansas Community Foundation, manages the Douglass Unified School District 396 Scholarship Fund. If you have questions or need further information, please contact Chancy Gerbitz at chancy@centralkansascf.org or 316.283.5474. Additional information posted at www.centralkansascf.org.

LETTER OF RECOMMENDATION FORM

Applicant Name:	
To Recommender: The above named applicant is applying for a scholarsh Foundation, an affiliate of Central Kansas Community Foundation. Your evapplication process. The student has authorized you to release any informat reviewing his/her application. Your cooperation in providing this information award recipients. On a separate page, please make a statement describing the and community leadership abilities, potential to succeed, and evidence of the weaknesses, not to exceed one page in length. To insure confidentiality, please mendation letter to the student in a sealed envelope with your signature.	valuation is needed as part of the tion you feel would be helpful in on is important to the selection of the applicant's character, school, he student's strengths and ease return this form and
Recommender	
Name:	
First Phone: ()	Last
Email Address:	
Relationship to Applicant:	
How long have you known applicant?	
An evaluation received with a broken seal will be rejected. Please be sure to return to applicant so it may be included along with the application. Remer family members are not eligible to write the evaluation. Only one copy of the confidential nature of the document.	mber – parents and immediate

Douglass Community Foundation, an affiliate of Central Kansas Community Foundation, manages the Douglass Unified School District 396 Scholarship Fund. If you have questions or need further information, please contact Chancy Gerbitz at chancy@centralkansascf.org or 316.283.5474. Additional information posted at www.centralkansascf.org.

Section III. Information to be supplied by Douglass High School Guidance Counselor.

Print Counselor Name:

Counselor Signature

ACADEMIC VERIFICATION FORM

I certify that the student listed below is a student in good standing and is in line to graduate at the end of this

Please submit this application form along with:

• Three (3) letters of recommendation.

Completed applications should be submitted to Douglass High School Guidance Counselor.

Douglass Community Foundation, an affiliate of Central Kansas Community Foundation, manages the Douglass Unified School District 396 Scholarship Fund. If you have questions or need further information, please contact Chancy Gerbitz at chancy@centralkansascf.org or 316.283.5474. Additional information posted at www.centralkansascf.org.

Date