NWKS SHRINE CLUB SCHOLARSHIP

Section I. Information to be supplied by applicant. (Please print or type.)

Full Name _				
	First	Middle	Last	
Male	_ Female	_ Birth Date		
Full Name of F	Parent(s) or Guardian			
Mailing Addre	ess of Parent(s) or Guar	dian (street or route, town, c	county, state, zip)	
E-Mail Addres	s (print clearly or type)			
Phone Numbe	er (include area code)			
•		ze your school and commur (Additional pages may be at	ity activities. List organizations of which tached is necessary.)	
What college	do you plan to attend?			
_		er following high school gra	duation.)	
	other scholarships, awa ate which) for the com		ch you have applied, or have been	
Name of Finar	ncial Aid	<u>Value</u>	Has it been granted to you?	

What will be your major colle	ege of study and what are you	ur educational plans?
• •	•	ection Committee be fully informed as to the rs having a bearing on this application.
-		Signature of Applicant n, present this to your Principal or Counselo
	ry to the Scholarship Select supplied by Principal or Cou	
		in a class of seniors.
		. The applicant has a statewide testing program:
Name of Test	<u>Score</u>	
Attach Official High School T	ranscript	
Dated this day of _		_,·
		Signature of Principal or Counselor
		Name of High School
Bob Short 209 N. Clark	Jim Alcorn 803 W. 8th	Address of High School

Sharon Springs, KS 67758

Goodland, KS 67735