

# COMMUNITY SCHOLARSHIP, INC. COLLEGE APPLICATION FORM

President: Lois Steiner  
Secretary: Sydney Dolezal  
Treasurer: Janet Hitschmann

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

YEAR OF HS GRADUATION \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

PARENTS' MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

1. List the college or vocational school that you are attending.

\_\_\_\_\_

2. College activities during college years in which you participate (list them):

(A)

(B)

(C)

(D)

(E)

3. Church/Community activities during college years in which you participate (list them):

(A)

(B)

(C)

(D)

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

(A)

(B)

(C)

(D)

5. Supply two letters of recommendation.

(A) **Current College Teacher**

(Name \_\_\_\_\_) (Phone: \_\_\_\_\_)

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

(Name \_\_\_\_\_) (Phone: \_\_\_\_\_)

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.**

6. List the occupation of your first choice. \_\_\_\_\_

7. List the occupation of your second choice. \_\_\_\_\_

8. What awards or honors have you received while in college?

9. What elective offices have you held while in college?

10. Why is this scholarship important to you?

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

12. Have you applied for other scholarships? \_\_\_\_\_

13. What is the base cost of your present year of college? (Tuition, Books, Room & Board)

\_\_\_\_\_

14. How much did you contribute towards this base cost?

\_\_\_\_\_

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

\_\_\_\_\_

16. What other financial help is available?

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

\_\_\_\_\_

18. Request the registrar to **send a transcript**, by **Tuesday, April 2, 2024**, to COMMUNITY SCHOLARSHIP, INC., BOX 541, CLAFLIN, KANSAS 67525. It is your responsibility to see that the transcript is sent.

19. All letters of recommendation must be in the hands of the Community Scholarship Committee by **Tuesday, April 2, 2024**. It is your responsibility to see that the recommendations are sent.

20. You may contact the president of the Community Scholarship to request an appearance before the interviewing committee if you have had significant changes in your financial status or other extenuating circumstances since the time of your application.

If you have never appeared for an interview with the interviewing committee for Community Scholarship, Inc., you must schedule a time for an interview and be present for the interview. If you have circumstances which prevent your appearance, you must contact the President of Community Scholarship and explain in writing why you are unable to appear.

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 (currently using)

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