

# COMMUNITY SCHOLARSHIP, INC. HIGH SCHOOL APPLICATION FORM

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

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 \_\_\_\_\_ ) (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.**

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 **Tuesday, April 2, 2024** to Community Scholarship, Inc., Box 541, Claflin, Kansas 67525.

18. This application must be **complete and postmarked** by **Tuesday, April 2, 2024**. 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 **Tuesday, April 2, 2024**.

20. You will meet with the scholarship committee at a time selected by you from posted times for a personal interview on **Sunday, April 21, 2024**.

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. (Please fill out all information below.)

\_\_\_\_\_  
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.**