

LILA B. CLARK MEMORIAL SCHOLARSHIP

ACT Composite Score _____
ACT Composite %ile _____
Rank in Class _____
Grade point Average _____

The \$1,500 Lila B. Clark Memorial Scholarship is awarded primarily on the basis of need. Applicant must be a female, planning to pursue business, accounting or any business-related field of study. The female student must be planning to enter and attend an accredited Kansas College, Community College, or Vocational/Technical College. Applicant must be an Abilene High School graduate.

Name _____ Birthdate _____
Home Address _____ Home Phone _____
Father's Name _____ Place of Employment _____
Mother's Name _____ Place of Employment _____
Number of Children in Family _____ Ages _____
How many in Post High School (College or Vocational) next year? _____

HONORS - AWARDS - MAJOR ACTIVITIES

High School

Community Involvement

Blank lines for entering honors, awards, and major activities under High School and Community Involvement.

GRANT RECOMMENDATIONS:

Contact at least 2 people who can tell the selection committee about your eligibility and need for a scholarship grant. (DO NOT USE RELATIVES)

- 1. One teacher
2. Other: coach, employer, school activity sponsor

Name

Position

Address

Blank lines for entering grant recommendation details: Name, Position (Teacher/Other), and Address.

Give each of these people one of the appropriate GRANT RECOMMENDATION forms and a stamped envelope addressed to: Abilene High School Guidance Office, 1300 N Cedar, Abilene, KS 67410. Ask them to return the completed form before April 1, 2026. (No stamps are necessary for high school teachers.)

Estimate costs and resources for the period of your request for a Lila B. Clark Memorial Scholarship Grant.

Estimated Budget

Required Fees and Tuitions.....	\$ _____	Travel/Parking/Vehicle Expenses	\$ _____
Books, Instructional..... materials & equipment	\$ _____	Clothing	\$ _____
Room/Board	\$ _____	Personal & Recreation	\$ _____
Food/Snacks.....	\$ _____	Other Miscellaneous Expenses.....	\$ _____
			TOTAL.....
			\$ _____

I plan to attend _____ next year. I will receive \$ _____ from sources other than my parents and Lila B. Clark Memorial to help defray my education expenses.*

*These sources include: College financial aid, other scholarships, relatives, etc...

By signing this application, you are stating that all information provided is true and accurate to the best of your knowledge.

Signature

THINGS YOU MUST DO:

1. Complete and return the scholarship grant application and autobiographical sketch to the Guidance Office by **April 1, 2026**.
2. Have two individuals fill out grant recommendation forms and return them to the Guidance Office by **April 1, 2026**.

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT

Abilene, Kansas

AUTOBIOGRAPHICAL SKETCH

Date _____

Student's Name _____

Address _____

Write below a short paragraph telling why you are making application for this scholarship and what you hope to do with your college or vocational school education. Describe any unusual circumstances that the Committee might need to know to better assess your financial need.

Student Signature

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT RECOMMENDATION

Concerning _____ Address: _____

The above named student has applied for the **Lila B. Clark Memorial Scholarship Grant**. Would you rate the student on each of the following characteristics by circling the appropriate number. Remember to compare this student to the average student. This form will be kept in strict confidence and will only be shown to the selection committee.

Motivation	Low	1	2	3	4	5	6	7	8	9	High
Industry	Just enough to pass	1	2	3	4	5	6	7	8	9	Hard Worker
Initiative	Needs prodding	1	2	3	4	5	6	7	8	9	Does more than assigned
Concern for Others	Little	1	2	3	4	5	6	7	8	9	Very
Leadership	Follower	1	2	3	4	5	6	7	8	9	Exceptional
Responsibility	Not Very	1	2	3	4	5	6	7	8	9	Highly
Social Maturity	Immature	1	2	3	4	5	6	7	8	9	Outstanding
Personal Appearance	Poor	1	2	3	4	5	6	7	8	9	Very Neat/ Appropriate
Financial Need	No Help Needed	1	2	3	4	5	6	7	8	9	Total Help Needed

Any additional comments you might want to make regarding the applicant's financial need and/or suitability to receive a Lila B. Clark Memorial Scholarship Grant.

In what capacity were you associated with this person? _____

Signature _____ Position: _____

Address _____ Date: _____

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT RECOMMENDATION

Concerning _____ Address: _____

The above named student has applied for the **Lila B. Clark Memorial Scholarship Grant**. Would you rate the student on each of the following characteristics by circling the appropriate number. Remember to compare this student to the average student. This form will be kept in strict confidence and will only be shown to the selection committee.

Motivation	Low	1	2	3	4	5	6	7	8	9	High
Industry	Just enough to pass	1	2	3	4	5	6	7	8	9	Hard Worker
Initiative	Needs prodding	1	2	3	4	5	6	7	8	9	Does more than assigned
Concern for Others	Little	1	2	3	4	5	6	7	8	9	Very
Leadership	Follower	1	2	3	4	5	6	7	8	9	Exceptional
Responsibility	Not Very	1	2	3	4	5	6	7	8	9	Highly
Social Maturity	Immature	1	2	3	4	5	6	7	8	9	Outstanding
Personal Appearance	Poor	1	2	3	4	5	6	7	8	9	Very Neat/ Appropriate
Financial Need	No Help Needed	1	2	3	4	5	6	7	8	9	Total Help Needed

Any additional comments you might want to make regarding the applicant's financial need and/or suitability to receive a Lila B. Clark Memorial Scholarship Grant.

In what capacity were you associated with this person? _____

Signature _____ Position: _____

Address _____ Date: _____