

VERONICA GOETZ SCHOLARSHIP
Cunningham, Kansas

Student's Name: _____ Phone: _____

Student's Address: _____

Parent/Guardian's Name: _____

Parent/Guardian's Address: _____

Parent/Guardian's Phone: _____

(Home)

(Work)

Educational Background:

Years of Attendance at Cunningham High School (circle) FR SO JR SR

Class Rank: _____ of _____; Grade Point Average: _____ (A=4, B=3, etc.)

Extra-curricular activities (school, church, community):

Employment Background:

Financial Need and Sources:

Number of siblings currently living at home: _____; Number of siblings currently attending post-secondary institution(s) _____.

Post-secondary institution(s) you are considering for next year:

Have you been offered any other scholarships/grants that you intend to accept? _____

If so please describe: (amount, purpose, etc.) _____

Please List Subjects Taken Each Year:

Freshman	Sophomore	Junior	Senior
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What do you know about the training required, the job opportunities and the salary expectations in your chosen field?

What educational plans do you have for completing a course of study in this field?

Signed: _____

Date: _____

Instructions:

1. Students must be a Cunningham High School graduating senior pursuing a degree in the medical or educational field.
2. Applications must be typed.
3. Applications are due to Jill Kitson, P.O. Box 204 Cunningham not later than the close of business on April 15th each year.
4. Attach continuation sheet(s) for any question(s) on this application that you require more room to answer.
5. The amount of the scholarship will be \$500 per year broken into \$250 for each semester (non-renewable). Student must send proof of enrollment for spring semester to Jill Kitson.
6. Selection of the scholarship recipient will be decided by the Veronica Goetz family.