

SCHOLARSHIP APPLICATION:

1. Student must be a Cunningham High School graduating senior.
2. Applications must be typed.
3. Applications are due at the U.S.D. #332 Central Office in Cunningham not later than the close of business on April 15 each year.
4. The scholarship is for any form of higher education (college, vo-tech, etc.)
5. Applications must be submitted through the Cunningham High School counselor.
6. Attach continuation sheet(s) for any question(s) on this application that you require more room to answer.

Scholarships for Cunningham High School Alumni:

To apply for the alumni scholarships, the student must write a letter of application summarizing your educational classes, events, activities and plans for the future. The letter should include any leadership and community service. Applications are due April 15 at the U.S.D. #332 Central Office or mailed to Scholarships, U.S.D. #332, 117 N. Main, Cunningham, KS 67035.

SCHOLARSHIP APPLICATION

Student's Name:

Phone:

Student's Address:

Parent/Guardian's Name:

Parent/Guardian's Address:

Educational Background:

Years of Attendance at Cunningham High School: FR SO JR SR

Class Rank: of Grade Point Average:

High School Students must attach a transcript.

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

Employment Background:

Financial Need and Sources:

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.)

Write a statement giving your reasons for wishing to study in the area which you have selected as your vocation, and what are your goals in life?

What opportunities have you had thus far to observe the practice of this vocation, profession, or choice of career?

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: _____
(Student's Signature)

Reviewed By:

Initials: _____
(CHS Counselor)