

Kreider Scholarship Fund

Established to provide college scholarships to graduating seniors of Bonner Springs Senior High School who plan to attend college in the state of Kansas.

The students eligible for assistance are as follows:

- Demonstrated financial need.
- Maintained a GPA of 2.5 or better in high school.
- Plan to attend a two or four year accredited college in the state of Kansas.
- The recipient must maintain full time student status as defined by the attending institution and maintain a GPA of 2.5 or above.
- The recipient must have strong citizenship, leadership qualities and community service.
- Must sign agreement to refrain from the use of alcohol, tobacco and drugs during college career.
- Must submit a one-page essay regarding their goals for the future.

Amount: Two scholarships of \$1,500.00 each will be given each year. Scholarships \$750.00 per semester copayable to the school and the student. To remain eligible, a transcript of each completed semester and proof of enrollment for the upcoming semester must be submitted. This scholarship is non-renewable and is only good for one year.

Deadline: **April 16, 2006**

Return completed application to:

Bonner Springs Senior High School Counselor

Kreider Scholarship Fund

2005-2006

PERSONAL DATA

Name: _____
(Last) (Middle) (First)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Date of Birth: _____

Social Security Number: _____ Male ___ Female ___

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours): _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

ACADEMIC DATA

Name of High School _____ Year of Graduation _____

Cumulative Grade Point Average: _____ Class Rank: # _____ out of _____
(Please attach transcript)

Name of College you will be attending: _____
(If you are enrolled in college, please attach current transcript)

Why do you want to attend this school? _____

What is your intended field of study? _____

What do you hope to do with your education? _____

SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member or jobs in which you have been employed. Organizations may include academic, athletic, civic, religious or social groups. Jobs may also include volunteer work or internships.

<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices Held</u>

List any awards, honors or recognition received:

Which of the above experiences (participation in a particular activity, leadership position or honor received) has been most important to you?

FINANCIAL DATA

(Please attach a copy of your ACT Financial Aid Need Estimator Report - if available)

Total Number of Family Members in Household (including yourself): _____

Number of Family Members in College (including yourself): _____

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

Anticipated College Expenses:

Estimated Family Contribution:

Tuition & Fees \$ _____

Parents' Contribution:
(from income and assets) \$ _____

Room & Board \$ _____

Student Contribution
(from job and/or savings) \$ _____

Books & Supplies \$ _____

Other (please list)

Other (e.g. relatives; please specify)

_____ \$ _____

_____ \$ _____

Total College Expenses: \$ _____

Total Family Contribution \$ _____

Have you applied for other forms of financial aid at this time? ___ yes ___ no

Have you received other forms of financial aid at this time? ___ yes ___ no

If yes, please indicate the type, amount and source:

		Source(s):
Scholarships	\$ _____	_____
Grants	\$ _____	_____
Loans	\$ _____	_____
Workstudy	\$ _____	_____
Other	\$ _____	_____

(Please forward a copy of any current or future financial aid received from any source)

Do you plan to work during the school year? _____

If there are special financial circumstances which will affect your education, please describe:

I hereby confirm that all information provided on this application is correct and I understand that any false information automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

Return by April 16 to:

Bonner Springs Senior High School Counselor

Kreider Scholarship Fund
Drug Free Pledge

I, _____, do hereby pledge that I will refrain from the use of alcohol, tobacco and drugs during my college career. I understand that if I violate this pledge I will lose the financial support of the Kreider Scholarship Fund.

Dated: _____