

WINSLOW-EVANS MEMORIAL SCHOLARSHIP

PERSONAL DATA

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

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

Phone: _____ Date of Birth: _____

Social Security Number: _____ Male ___ Female ___

Parents' Names: _____ Today's Date _____

Parents' Address (if different from yours): _____

Father's Place of Employment: _____

Mother's Place of Employment: _____

ACADEMIC DATA

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

Name of Junior College, Vocational School or College/University you plan to attend:

Why do you want to attend this school?

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.

List any awards, offices held, honors or recognition received:

FINANCIAL DATA

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

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

Anticipated College Expenses:

Tuition (full year) \$ _____

Books/Supplies \$ _____

Room and Board \$ _____

Other (please list)

_____ \$ _____

Total College Expenses: \$ _____

Expected Family Contribution:

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

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

Other (please specify)

_____ \$ _____

Total Family Contribution \$ _____

Have you applied for, or received, other forms of financial aid at this time? _____

If yes, please indicate the type and amount:

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 or Guardian)

Return by April 15 to:
Tom and Annette Reed
P.O. Box 115
Pleasanton, Kansas 66075