

***R. K. Richey Scholarship Fund
Application***

PERSONAL DATA

Name: _____ Date of Birth: _____
 (Last) (Middle) (First)

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

Home Phone: _____ Cell Phone: _____

E-mail address: _____ 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 GPA: _____ Class Rank (if known): # _____ out of _____

Please attach copy of official transcript:

Name of Institution you will attending: _____
(Please attach letter of acceptance, if available)

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?

Do you plan to work during the school year?

Please describe your housing plans for the next academic year:

Will you live on campus? Yes _____ No _____

If you plan to live off campus, please describe your living arrangements.

How do you plan on commuting to and from campus?

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

Please provide names and telephone numbers of three references the committee could contact regarding the applicants character, academic potential or community involvement (from individuals other than family members).

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)

(Date)

Return completed Application by March 11 to:

**Erie High School
Attn: Counselor
1400 N. Main
Erie, KS 66733**