CARROL & DARLENE BOOZ CHARITABLE TRUST SCHOLARSHIP APPLICATION

Eligibility Requirements

The applicant must be:

- 1. A resident of Smith County or have graduated from a high school organized and operating in Smith County, Kansas.
- 2. Pursuing a post-secondary education and planning to attend an accredited university, college, junior college, or vocational technical school.
- 3. Scholarship is granted for one year and must be re-applied for each year of college thereafter.
- 4. The scholarship will be based upon need, grades, and educational pursuits.

GENERAL INFORMATION

NAME				
MAILING ADDRESS				
EMAIL ADDRESS				
HOME PHONE				
PARENT'S NAME				
College, university, or vocational sch	nool attending or pla	anning to attend:_		
If this is your first application for the transcript to this application. (If you have				ch a certified high school
You must also attach a Copy of	f Transcript(s) f	rom all college	es or universities att	ended to date
	STUDENT INF	ORMATION		
Will you be attending school full time?	Yes	No		
Are you employed?	Yes	No		
Are you married?	Yes	No		
If yes, is your spouse also a student	? Yes	No		
If yes, is your spouse employed?	Yes	No		
Do you have any dependents?	Yes	No		
<u>C</u>	COLLEGIATE ACADI	EMIC VERIFICAT	<u>'ION</u>	
Cu	nrrent Cumulative GPA			

GPA within major

	OTHER I	NFORMATION .	
How many siblings do you have in the	following scho	ol grades:	
K-8 9-10	11-12	College	
What other scholarship grants and/or lo	oans, with amo	unts, are you receiving, if known?	
How do you plan to finance, or how are	e you otherwis	e financing, your college education?	
What have you done to prepare yoursel	f for college?		
Why do you believe you deserve this sc	cholarship?		
Please give any other information you other sheets if necessary.	think will help	the scholarship board select you as a re	cipient. Attach
An application will be considered incom application and accompanying documen		ired information is not provided. Please re	eturn the completed
Carrol and	The P	c Charitable Trust Scholarship eoples Bank Box 307 nter, KS 66967	
Applicant Signature:		Date:	

List school and community activities in which you have participated (list offices held), and special honors and/or

awards: