

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 school attending or planning to attend: \_\_\_\_\_

If this is your first application for the Carrol & Darlene Booz Charitable Trust Scholarship, please attach a certified high school transcript to this application. *(If you have applied before no high school transcript is required.)*

**\*\*\*You must also attach a Copy of Transcript(s) from all colleges or universities attended to date\*\*\***

STUDENT INFORMATION

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

COLLEGIATE ACADEMIC VERIFICATION

Current Cumulative GPA \_\_\_\_\_

GPA within major \_\_\_\_\_

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

OTHER INFORMATION

How many siblings do you have in the following school grades:

K-8\_\_\_\_\_ 9-10\_\_\_\_\_ 11-12\_\_\_\_\_ College\_\_\_\_\_

What other scholarship grants and/or loans, with amounts, are you receiving, if known?

How do you plan to finance, or how are you otherwise financing, your college education?

What have you done to prepare yourself for college?

Why do you believe you deserve this scholarship?

Please give any other information you think will help the scholarship board select you as a recipient. Attach other sheets if necessary.

An application will be considered incomplete if the required information is not provided. Please return the completed application and accompanying documents on or before **April 1st** to:

**Carrol and Darlene Booz Charitable Trust Scholarship**

The Peoples Bank  
PO Box 307  
Smith Center, KS 66967

Applicant Signature:\_\_\_\_\_

Date:\_\_\_\_\_