Barbara Keller Scholar Award Administered by First United Methodist Church, Chanute KS Application for High School Seniors

Please submit typed application

PERSONAL DATA

Name:(Last) (Middle)			Date of Birth:			
(Last)	(Middle)	(First)				
Address:(
(5	Street)	(City)		(State)	(Zip)	
Home Phone:		Cell Phone:				
E-mail address:			Male	Female		
Parents'/Guardians' Na	mes:					
Parents'/Guardians' Ad	dress (if different fror	n yours):				
Parent's Marital Status	Single Marri	ied Divor	ced W	idowed		
	ACAD	DEMIC DATA				
Name of High School:		Year o	f Graduation	:		
Cumulative GP) scale)	ACT C	composite:			
Class Rank (if I	xnown): # out	of				
Please attach co	opy of official transc	ript				
Name of Institution you (Please attach letter of acce						
Part Time]	Full Time					
Why do you want to at	tend this school?					
What is your intended t	field of study?					
Estimated years needed	l to complete your deg	gree program				
What is your career obj	ective?					

SCHOOL AND COMMUNITY INVOLVEMENT

Are you a member of the Chanute First United Methodist Church?

If no, are you a member of another congregation? (If so, identify) _____

List your involvement in any church activities:

List activities in the high school and the community, including the years in which you participated (state any offices held in clubs or other organizations)

List any awards, honors or recognition received, give the year(s)

List employment experience (Employer, Dates, Type of Work)

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

FINANCIAL NEED

What is the approximate cost of tuition, fees, and books for your institution of choice per year?

 Will you live on campus?
 Yes _____
 No _____
 If yes, describe _____

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

Will you be commuting to campus? If so, note the approximate distance from your residence to the campus.

Do you plan to work during the school year? If yes, what is your plan for employment?

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

Date

Return completed Application by March 31 to:

First United Methodist Church Attention: Barbara Keller Committee 202 S. Lincoln Ave. Chanute, KS 66720