

THIS APPLICATION WILL NOT BE  
ACCEPTED IF ANY BLANK IS NOT  
COMPLETED.

**APPLICATION FOR SCHOLARSHIP**

(Applicant **MUST** be a Resident of Pawnee County, Kansas, have maintained a grade point average of not lower than a 3.0, and enroll in at least fifteen(15) credit hours as a first semester freshman.)

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

Name: \_\_\_\_\_  
Last First Middle

Home address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of the High School which you will graduate: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Number in Graduating Class: \_\_\_\_\_ Your Rank in the class: \_\_\_\_\_ ACT Score: \_\_\_\_\_

**FAMILY INFORMATION**

Parent(s)/Guardian(s): \_\_\_\_\_

Number of Brother(s): \_\_\_\_\_ Their age(s): \_\_\_\_\_ Brother(s) now attending college: \_\_\_\_\_

Number of Sister(s): \_\_\_\_\_ Their age(s): \_\_\_\_\_ Sister(s) now attending college: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

**FINANCIAL STATUS**

Approximately how much money have you and your parents saved for your college education? \$ \_\_\_\_\_

Do you plan to have college loans? \_\_\_\_\_ Do you plan to work part-time while attending college? \_\_\_\_\_

If married, will your spouse be working? \_\_\_\_\_

What full or part-time employment have you had during high school or since graduation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you have other scholarships or grants? \_\_\_\_\_ If so, nature and amount: \_\_\_\_\_

**THIS INFORMATION MUST BE COMPLETED BY APPLICANT'S PARENTS**

The undersigned parents of the applicant hereby certify that the adjusted gross income shown on the federal income returns for the last three (3) years is as follows.

Year	Amount	Year	Amount	Year
Amount	\$ _____	_____	\$ _____	_____
_____	\$ _____			

I further certify that I will contribute \$ \_\_\_\_\_ each semester to the applicant for college expenses. I further agree, if requested, to furnish to the Directors of Jordaan Foundation, Inc. copies of pages 1 and 2 of the federal income tax return for the above years.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**FUTURE PLANS**

What college do you plan to attend? \_\_\_\_\_

Years you plan to attend college: \_\_\_\_\_ What major course do you plan to follow? \_\_\_\_\_

**ACTIVITIES**

Distinguished Honors and Awards: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Distinguished Community Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Leadership Positions: \_\_\_\_\_

\_\_\_\_\_

**\*\*Please attach a list of other activities.\*\***

**\*\*Please attach your high school transcript.\*\***

**REFERENCES**

List at least three people who can attest to your eligibility for a scholarship (based on grade average, need and character). We suggest a high school counselor, teacher or principal, pastor, businessman or former employer. DO NOT USE RELATIVES.

Name	Position	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach letters of reference from each of the above.)

**Letters of Reference must be submitted in a sealed envelope.**

**\*\*Please include "The Cliff and Nina Fell Foundation", your name and address as the heading of any attachments.\*\***

**PLEASE INCLUDE A COLOR PHOTOGRAPH OF YOURSELF. The photograph will not be returned to you.**

I am not addicted to or using any drugs and I will provide a doctor's certificate showing that I am "drug free" at the time the scholarship is awarded.

\_\_\_\_\_  
Applicant's Signature

RETURN TO: High School Principal or Counselor at either Larned or Pawnee Heights High School or Trust Department at The First State Bank & Trust Co. of Larned.

