

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

DO NOT WRITE IN THIS SPACE

Return to:
Larned High School Counselor's Office &
Pawnee Heights Principal's Office

Application Received _____
H.S. Transcript _____ Test Score _____
Reference Letters _____ Rank _____
Committee Action _____

JORDAAN FOUNDATION, INC.
P.O. BOX 360
LARNED, KS 67550
APPLICATION FOR SCHOLARSHIP
(Freshman)
(Applicant Must Be a Resident of Pawnee County, Kansas)

Date _____

Name _____
(Last) (First) (Middle)

Home Address _____

City _____ County _____ Phone No. _____

Date of Birth _____
(Month) (Day) (Year)

Date of Graduation from High School _____

in Sr. Class _____; Class Rank _____; ACT Score _____
Names of high schools attended (underscore the one from which you graduated)

FAMILY INFORMATION

Name of Father (or Guardian) _____ Name of Mother _____

Marital Status of Father and Mother _____

Number of Brothers _____ Their Ages _____ Number of Sisters _____ Their Ages _____

Brother and Sisters now in College _____

Marital Status _____ Name of spouse _____ Date of Marriage _____

FUTURE PLANS

How many years do you plan to attend college?

What major course do you plan to follow in college (agriculture, business, teaching, nursing, pre-medical, pre-engineering, (etc.) Please indicate: _____

Attach your photo here.
Failure to attach will
disqualify you for the
scholarship

HONORS-AWARDS-MAJOR ACTIVITIES

(Attach High School Transcript)

FINANCIAL STATUS

Approximately how much money have you saved for your college education? \$ _____

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 be receiving another scholarship or grant? _____

If so, nature and amount _____

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)

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 _____.

Parent's Signature

Parent's Signature

JORDAAN FOUNDATION, INC.
POST OFFICE BOX 360
LARNED, KS 67550

ONLINE COURSES

NAME OF CLASS * CREDIT HRS.* GRADE*

*Indicate if this class/hrs. are included on your high school transcript.