

Winslow Evans Memorial Scholarship

PERSONAL DATA

Name: _____
(last) (Middle) (First)

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Email Address: _____

Male: _____ Female: _____ Date of Birth: _____

Parents' Names: _____ Today's Date: _____

Parents' Address (if different from yours): _____

Father's Place of Employment: _____

Mother's Place of Employment: _____

ACADEMIC DATA

Cumulative Grade Point Average: _____ Class Rank: # _____ out of _____
(Please attach transcript)

Name of Junior College, Vocational School, or College/University you plan to attend:

Why do you want to attend this school?

SCHOOL AND COMMUNITY INVOLVEMENT

List any organizations in which you have been a member or jobs in which you have been employed.
Organizations may include academic, athletic, civic, religious, or social groups.
Jobs may also include volunteer work or internships.

List any awards, offices held, honors or recognitions received:

FINANCIAL DATA

Total Number of Family Members in Household (including yourself): _____

Number of Family Members in College (including yourself): _____

Anticipated College Expenses:

Expected Family Contribution:

Tuition (full year) \$ _____

Parents' Contribution: \$ _____
(from income and assets)

Books/ Supplies \$ _____

Student Contribution \$ _____
(from job and/ or savings)

Room and Board \$ _____

Other (please list)
_____ \$ _____

Other (please specify)
_____ \$ _____

Total College Expenses: \$ _____

Total Family Contributions: \$ _____

Have you applied for, or received, other forms of financial aid at this time? _____

If yes, please indicate the type and amount:

Scholarships \$ _____

Grants \$ _____

Loans \$ _____

Workstudy \$ _____

Other \$ _____

(Please forward a copy of any current or future financial aid received from any source)

Do you plan to work during the school year? _____

If there are special financial circumstances that will affect your education, please describe:

I hereby confirm that all information provided on this application is correct and I understand that any false information disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent or Guardian)

Return with a copy of your transcript, by April 15 to:
Tom and Annette Reed
201 W. 7th
Pleasanton, Kansas 66075