## THE CLIFF AND NINA FELL FOUNDATION POST OFFICE BOX 360 LARNED, KANSAS 67550

## **APPLICATION FOR SCHOLARSHIP**

(Applicant <u>MUST</u> 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) hours as a first semester freshman.)

| Date:  |  | 9  |
|--|--|--|
| Name:  |  |  |
| Last First Home Address: C   |  | Middle City:   |
|  | nhana Numham   |  |
| County: Pawnee Tele  | phone Number:  | Date of Birth:  MM/DD/YY   |
| Name of High School which you will Graduate:   |  | Date of Graduation:  |
| Number in Graduating Class:  | Your Rank in the                                       | 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: Single   | Name of Spouse:  |  |
| Do you plan to have college loans? If married, will your spouse be worki What full or part-time employment has | No Do you plan to ng? No No ave you had during high sc |  |
| Will you have other scholarships or g  | rants? No If so, n                                     | nature and amount:   |
| The undersigned parent or parents of the   | applicant hereby agree to pro                          | LETED BY APPLICANT'S PARENTS  ovide, if requested, page 1 and 2 of their federal income tax  al income returns for the last three (3) years is as follows: |
| Year Amount  | Year Amoun   | nt Year Amount \$  |
| I/We further certify that I/we will contrib  | ute \$each   | semester to the applicant for college expenses.  |
| Signed this day of   | , 200  |  |
| Parent   | Parent   | nt   |

| 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 & Awards:   |                                    |   |
| Distinguished Community Service:                                       |                                    |   |
| Leadership Positions:  |                                    |   |
| Please attach a list of other activities. *                            |                                    |   |
| Please attach your high school transcript,                             |                                    |   |
| REFERENCES   |                                    |   |
| List at least three (3) people who can testif                          | fy to your eligibility for a s     | scholarship. DO NOT USE RELATIVES.                      |
| NAME   | POSITION                           | ADDRESS   |
|  |                                    |   |
|  | -                                  |   |
| (Attach letters of reference from each of the                          | ne above. <u>Letters of refere</u> | ence must be submitted in a sealed envelope.)           |
| AUTOBIOGRAPHICAL SKETCH  |                                    |   |
| Write a paragraph telling why you are makeducation. *                  | king application for this sc       | cholarship and what you hope to do with your college    |
| * Please include "The Cliff and Nina Fell l                            | Foundation", your name a           | and address as the heading of any attachments.          |
| PLEASE INCLUDE A COLOR PHOTO   | OGRAPH OF YOURSEI                  | LF. The photograph will not be returned to you.         |
| I am not addicted to or using any drugs anothe scholarship is awarded. | d I will provide a doctor's        | s certificate showing that I am "drug free" at the time |
|  | -                                  | Applicant's Signature                                   |

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

## THE CLIFF AND NINA FELL FOUNDATION

| Applicant's Name:         |       |
|---------------------------|-------|
| Applicant's Home Address: | City: |
|                           |       |

Autobiographical Sketch

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