

Kreider Scholarship Fund

PERSONAL DATA

Name: _____
(Last) (Middle) (First)

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

Phone: _____ Cell Phone: _____

Email Address: _____ Date of Birth: _____

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (if different from yours): _____

Marital Status: Single ___ Married ___ Divorced ___ Widowed ___

ACADEMIC DATA

Name of High School _____ Year of Graduation _____

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

Name of College you will be attending: _____
(If you are enrolled in college, please attach current transcript)

Why do you want to attend this school? _____

What is your intended field of study? _____

What do you hope to do with your education? _____

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.

<u>Activity</u>	<u>No. of Years</u>	<u>Positions or Offices Held</u>

List any awards, honors or recognition received:

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

FINANCIAL DATA

(Please attach a copy of your ACT Financial Aid Need Estimator Report - if available)

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

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

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

Anticipated College Expenses (per year):

Estimated Family Contribution: (per year)

Tuition & Fees \$ _____

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

Room & Board \$ _____

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

Books & Supplies \$ _____

Other (please list)

Other (e.g. relatives; please specify)

_____ \$ _____

_____ \$ _____

Total College Expenses: \$ _____

Total Family Contribution \$ _____

Have you applied for other forms of financial aid at this time? ___ yes ___ no

Have you received other forms of financial aid at this time? ___ yes ___ no

If yes, please indicate the type, amount and source:

		Source(s):
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 which 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 automatically disqualifies me from eligibility.

(Signature of Applicant)

(Signature of Parent/Guardian)

(Date)

Return by February 28 to:

Bonner Springs Senior High School Counselor

Kreider Scholarship Fund
Drug Free Pledge

I, _____, do hereby pledge that I will refrain from the use of alcohol, tobacco and drugs during my college career. I understand that if I violate this pledge I will lose the financial support of the Kreider Scholarship Fund.

Dated: _____