Kreider Scholarship Fund

Established to provide college scholarships to graduating seniors of Bonner Springs Senior High School who plan to attend college in the state of Kansas.

The students eligible for assistance are as follows:

- Demonstrated financial need.
- Maintained a GPA of 2.5 or better in high school.
- Plan to attend a two or four year accredited college in the state of Kansas.
- The recipient must maintain full time student status as defined by the attending institution and maintain a GPA of 2.5 or above.
- The recipient must have strong citizenship, leadership qualities and community service.
- Must sign agreement to refrain from the use of alcohol, tobacco and drugs during college career.
- Must submit a one-page essay regarding their goals for the future.

Amount: Two scholarships of $1,500.00 each will be given each year. Scholarships will be paid in equal installments of $750.00 per semester copayable to the school and the student. To remain eligible, a transcript of each completed semester and proof of enrollment for the upcoming semester must be submitted. This scholarship is non-renewable and is only good for one year.

Deadline: February 28

Return completed application to:

Bonner Springs Senior High School Counselor
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? ____________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________

_________________________________________________________
Essay requirement (1 page): Please state your goals for the future.
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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No. of Years</th>
<th>Positions or Offices Held</th>
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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)

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<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Source(s):</th>
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<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$ _________</td>
<td>Parents' Contribution: $ _________ (from income and assets)</td>
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<tr>
<td>Room &amp; Board</td>
<td>$ _________</td>
<td>Student Contribution (from job and/or savings) $ _________</td>
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<tr>
<td>Books &amp; Supplies</td>
<td>$ _________</td>
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<tr>
<td>Other (please list)</td>
<td>$ _________</td>
<td>Other (e.g. relatives; please specify) $ _________</td>
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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:

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<thead>
<tr>
<th>Type</th>
<th>Amount</th>
<th>Source(s):</th>
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<tbody>
<tr>
<td>Scholarships</td>
<td>$ _________</td>
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<td>Grants</td>
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<td>Loans</td>
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<td>Workstudy</td>
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<tr>
<td>Other</td>
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(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: _________________________________