

Franklin County Community Foundation Scholarship Application for School Year _____ - _____

PERSONAL DATA:

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

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

Date of Birth: _____ Phone: _____ Cell Phone: _____

Male Female Email Address: _____

Parents'/Guardians' Names: _____

Parents'/Guardians' Address (If Different): _____

Parents' Martial Status: Single Married Divorced Widowed

Which scholarship(s) are you applying for at this time:

- R.E. & Eileen E. Roseberry Scholarship Fund for Veterinary Medicine at KSU (Admitted)
- R.E. & Eileen E. Roseberry Scholarship Fund for Music Studies at KSU
- R.E. & Eileen E. Roseberry Scholarship Fund for the College of the Ozarks (Point Lookout, MO.)
- Vern Chesbro Memorial Scholarship Fund (Franklin Co. High School- Public Adm/Political Science)
- Shelly Ward Scholarship Fund (Ottawa High School-Cheerleading/Spirit Activities)
- Steve Grogan Scholarship Fund (Franklin Co. High School)
- Dale I. & Emma Mae Crawford Scholarship Fund- Baker University
- Dale I. & Emma Mae Crawford Scholarship Fund- KSU Veterinary Medicine

ACADEMIC DATA: (Must Provide a Transcript)

Name of High School: _____ Year of Graduation: _____

Cumulative Grade Point Average: _____ Class Rank: # _____ out of _____

Name of College/University you will attend: _____

Why do you want to attend this school? _____

What is your intended field of study? _____

(Continued)

FINANCIAL DATA
(Please attach current FASFA Form)

Total Number of Family Members in Household (including yourself): _____
 Number of Family Members in College for the upcoming school year (including yourself): _____

Father's Employer: _____ Job Title: _____

Mother's Employer: _____ Job Title: _____

Anticipated College Expenses (per year):

Estimated Family Contribution (per year):

Tuition and Fees \$ _____
 Room and Board \$ _____
 Books and Supplies \$ _____
 Other Exp-Please List:
 _____ \$ _____
 _____ \$ _____

Parents Contribution: \$ _____
 (from income & assets)
 Students Contribution: \$ _____
 (from job and/or savings)
 Other (e.g. relatives, please specify)
 _____ \$ _____

TOTAL COLLEGE EXPS \$ _____

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 received and source:

		Source (s):
Scholarships	\$ _____	_____
Grants	\$ _____	_____
Loans	\$ _____	_____
Work Study	\$ _____	_____
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? ____ Yes ____ No

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

(continued)

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

(Signature of Applicant)

(Signature of a Parent/Guardian)

(Date)

Return by April 1st to:

Franklin County Community Foundation

Attn: Scholarships

PO Box 17

Ottawa, KS 66067-0017