

WILL, MARY, JAY & EDNA VAN SWERINGEN TRUST FUND

JACKSON COUNTY SCHOLARSHIP APPLICATION

(For those attending or planning to attend Kansas State University only)

 Last Name First Name Initial Date of Birth
 _____ () _____
 Name of High School Attending or Attended School Year City and State
 Present Status: High School Senior College Student

EDUCATION: (High Schools and Colleges previously attended)

NAME OF SCHOOL	GRADUATION DATE	COLLEGE HOURS END OF YEAR	GRADE AVERAGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What will be your major? _____ Degree expected _____

Total college hours expected to carry, Fall Semester Year () _____

Will you be eligible for state or federal vocational rehabilitation benefits? _____

For veteran's educational benefits? _____ Amount _____ Number of Months _____

For Social Security? _____ Amount _____ Number of Months _____

Will you have another scholarship or grant? _____ Give name and amount _____

Father's or Guardian's Name _____ Occupation _____
 Address _____

Mother's or Guardian's Name _____ Occupation _____
 Address _____

INFORMATION ON PARENTS' DEPENDENTS

(Check one of these three boxes)

(Check one of these three boxes)

Name	Age	No	High School or below	Beyond High School	Name	Age	No	High School or below	Beyond High School
1.					4.				
2.					5.				
3.					6.				

Parents Estimated Net Income for past year _____ Date form filled in _____

REFERENCES

Name	Business, Position or Profession	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

List High School, College and Community Honors and Activities: _____

STUDENT'S PERSONAL STATEMENT

(Additional information or letters may be submitted if applicant desires to do so--use staples to attach any additional sheets)

Please enclose photograph of applicant

CERTIFICATION

I certify the foregoing statements to be true and correct to the best of my knowledge.

Date: _____ Signature of Applicant: _____