

SCHOLARSHIP APPLICATION

KANSAS ASA REGION NUMBER: _____

APPLICATION INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

LOCAL NEWSPAPER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

List your extracurricular activities: _____

PARENTS INFORMATION

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, ST., & ZIP: _____ CITY, ST., & ZIP: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

Please submit the following with this application:

1. A statement prepared by the applicant stating the following:
 - a. The applicants objective of further education, listing college and Major.
 - b. Why the applicant feels the need for the scholarship.
 - c. Kansas ASA participation over the last four years.
2. An official high school and/or college transcript showing courses taken, and grades received.
3. A comprehensive letter of recommendation, so labeled, covering character, personality, and scholarship of the applicant from a person not related to the applicant.
4. Two letters of endorsement, so labeled, from persons not related to the applicant who can attest to the character, personality, General Worthiness, and need of the applicant.
5. Statements by the applicant, recommendations, and endorsements must be confined to only one side of a 8 ½ by 11 page.
6. The applicant must be a resident within Kansas ASA's jurisdiction.

APPLICATION DEADLINE: February 15

MAIL TO: Kansas ASA, Inc.
24496 Rd. E3
Edmond KS 67645