

## ELMA SCHMIDT SCHOLARSHIP FUND GUIDELINES

### QUALIFICATIONS

To be eligible for consideration, student must:

- a. Be a citizen of the United States.
- b. Be a woman residing in South Western Kansas for at least twelve (12) years.
- c. Have graduated from an accredited high school, or have a GED equivalent,
- d. Be enrolled in at least 12 credit hours per semester or in a qualified vocational-technical program,
- e. Document financial need.

### INSTRUCTIONS

Complete the application in full and forward to the ELMA SCHMIDT SCHOLARSHIP FUND, at PO Box 1803. Dodge City, KS 67801, accompanied by the following:

- a. Typed statement of 300 words or less which describes the development of your interest in your chosen field, your reason for desiring further study, your plan of study, your career plans following completion of study, and why you feel financial assistance is needed.
- b. A copy of a high school transcript, GED Certificate or latest College transcript.
- c. Please attach letters from two references giving you a recommendation for this scholarship and why they think that you should receive the scholarship.

**Application must be received at the above address by *March 31<sup>st</sup>*, to be eligible for consideration for the following Fall Semester and by *November 1<sup>st</sup>* for the Spring Semester. This is a one-year or two-semester scholarship only.**

Notification of the Scholarship Committee decision of award will be forwarded to the applicant in May, for the fall semester and in December for the spring semester. Awards are made for a specific school semester. **A note that you want to be considered for the 2<sup>nd</sup> semester is all that is needed if you were already awarded a scholarship for the 1<sup>st</sup> semester.**

Scholarships awarded are deposited to the student's credit with the financial aid office of the institution to which the student has been accepted.

All information contained in this application form and supporting documents is treated as confidential by the Scholarship Committee.

Applications may be obtained from any member of the Scholarship Committee. The funds available for award will be determined from the interest income of the Scholarship savings.

**BIOGRAPHICAL DATA**

**NAME** \_\_\_\_\_  
Last First Middle

**Permanent Address** \_\_\_\_\_  
Number Street City, State Zip Code

**Current Address** \_\_\_\_\_  
Number Street City, State Zip Code

**Home Phone** \_\_\_\_\_ **Current** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Dates resided in Southwest Kansas** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **U.S. Citizen**  Yes  No

**Current Employer** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number Street City, State Zip code

**Number of Years** \_\_\_\_\_ **Full Time** \_\_\_\_\_ **Part Time** \_\_\_\_\_

**Martial Status** \_\_\_\_\_ **Number of Years Married** \_\_\_\_\_

**Spouse's Full Name** \_\_\_\_\_

**Spouse's Occupation** \_\_\_\_\_

**EDUCATIONAL DATA**

Institution to be attended for period financial assistance is required.

**NAME** \_\_\_\_\_

**Address of Financial Aid Office:**

\_\_\_\_\_  
Number Street City, State Zip code

**Date Classes Begin** \_\_\_\_\_

## FINANCIAL PLANNING

List expenses known or estimated in the school year for which this application is made.

<b>Tuition</b> \$ _____	<b>Fees</b> \$ _____
<b>Books/Supplies</b> \$ _____	<b>Room/Board</b> \$ _____
<b>TOTAL COST</b> \$ _____	

List known or estimated income projected for school purposes in the school year for which this application is made.

<b>From Family</b> (Parents, Spouse, etc.)	\$ _____
<b>From Friends or relatives</b>	\$ _____
<b>From Personal loans</b>	\$ _____
<b>From Own Employment</b>	\$ _____
<b>Other Scholarships, grants, etc.</b>	\$ _____
<b>TOTAL Income for School</b>	\$ _____

### APPLICANT'S FINANCIAL STATUS

<b>Applicant's net income for past tax year</b>	\$ _____
<b>Spouse's net income for past tax year</b>	\$ _____
<b>Total Income for past tax year</b>	\$ _____

**Number of applicant's children** \_\_\_\_\_

Under age 12- \_\_\_\_\_ 12-18 \_\_\_\_\_

During the school year for which scholarship assistance is requested, applicant will:

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Reside with Parents</b> | <input type="checkbox"/> <b>Reside in college Housing</b>   |
| <input type="checkbox"/> <b>Reside with Spouse</b>  | <input type="checkbox"/> <b>Maintain separate household</b> |

### UNUSUAL OBLIGATIONS/CIRCUMSTANCES

List here outstanding educational loans or other financial obligations which affect applicant's need for financial assistance. Expand as necessary in narrative statement.

**REFERENCES**

List two people that are providing written reference letters attached to this application, that are not related to you, whom you have known for at least two years, and who may be contacted, if necessary.

**NAME** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**NAME** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_

We certify that to the best of our knowledge, the information contained in the statement is correct and complete. We agree that the college, school, or agency indicated has our permission to verify it.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

**PARENT OR GUARDIAN'S SIGNATURE** \_\_\_\_\_

**DATE APPLICATION COMPLETED** \_\_\_\_\_

**How did you learn of this scholarship?** \_\_\_\_\_

**PLEASE ATTACH A PHOTO TO THIS APPLICATION**

Insert Photo Here