



**2019 SEWARD COUNTY EMPLOYEE
SCHOLARSHIP APPLICATION**

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COVER PAGE

APPLICANT NAME: _____

PARENT/GUARDIAN/GRANDPARENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____
STREET CITY ST ZIP

EMPLOYER: _____ DEPARTMENT: _____

RELATIONSHIP: _____

PHONE/CONTACT INFORMATION: _____

PARENT/GUARDIAN/GRANDPARENT INFORMATION:

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____
STREET CITY ST ZIP

EMPLOYER: _____ DEPARTMENT: _____

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Thank you for your interest in the 2019 Seward County Employee Scholarship. The Seward County Employee Committee will be awarding two (2) \$400 scholarships to full time college students who are the Child or Grandchild of a Seward County employee. The scholarship checks will be made out to the college not the student. If the student decides to attend a different college than what is listed on this application, it is the students' responsibility to inform the Seward County Employee Committee. If you have any questions contact any of the 2019 Employee Committee Officers. Please read the Scholarship Eligibility and follow the instructions below.

ELIGIBILITY

Scholarship Eligibility for Full Time College Student

1. Students must be the child of a Seward County employee or the grandchild of a Seward County employee, planning on attending college full time with a minimum of 12 credit hours.
2. Scholarships are limited to students who:
 - are current high school seniors with a current GPA of 2.75 or higher, completing a minimum of 12 credit hours during the upcoming fall semester.
 - or
 - are current full time college students with a current GPA of 2.75 or higher, completing a minimum of 12 credit hours during the upcoming fall semester.

INSTRUCTIONS

1. **Fill out cover page**
2. **Fill out the application with Black or Blue ink**
3. **ENCLOSE A BRIEF HAND WRITTEN ESSAY** explaining your goals in your chosen career. Please limit your essay to one 8-1/2 X 11 page.
4. **ENCLOSE OFFICIAL HIGH SCHOOL AND/OR COLLEGE TRANSCRIPTS** for each school attended. If they are being mailed by the school or college, please note when sending your application.
5. **ENCLOSE ONE LETTER OF REFERENCE**. The reference should be from a business associate, past employer or teacher.
6. **Do not** staple or fasten the application to a folder.
7. **Sign** your application and **submit** it no later than **April 5, 2019** to:

Any Employee Committee Member
or
Melinda Baker, Seward County Administrative Assistant
515 N. Washington Suite 204
Liberal, KS 67901

2019 Committee Officers are: Cindy Stewart- President, Heather Williams- Treasurer, Wanda Covert- Secretary



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PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____
STREET CITY STATE ZIP

DATE OF BIRTH: _____ PHONE NUMBER(S): _____

PRESENT STATUS: [] High School Senior College: [] Freshman [] Sophomore [] Junior [] Senior

HIGH SCHOOL OR COLLEGE PRESENTLY ATTENDING CITY AND STATE SCHOOL YEAR

COLLEGE PLANNING TO ATTEND CITY AND STATE SCHOOL YEAR

LIST ADDITIONAL EDUCATIONAL COURSES OR COLLEGES ATTENDED:

Table with 4 columns: Name of School, Graduation Date, College Hours, Grade Average

ACTIVITIES AND HONORS (Include a separate page if necessary)

List participation in school activities: _____

List participation in community services: _____



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List honors or awards received: _____

RESIDENCY INFORMATION

Where do you plan to live while in school (please check one):

Parents Relatives Self Spouse Roommate Dorm Other _____

I certify that the foregoing statements and enclosures are true and correct to the best of my knowledge.

DATE

SIGNATURE OF APPLICANT