

EMPORIA UNIFIED SCHOOL DISTRICT NO. 253

SCHOLARSHIP APPLICATION

(Miscellaneous Scholarship Application)

Scholarships Available (check all that you are qualified for):

- | | |
|--|---|
| <input type="checkbox"/> Walter & Elaine Henrie Fmaily Scholarship | <input type="checkbox"/> Bill Linhart Memorial Scholarship |
| <input type="checkbox"/> Tucker Lee Endowed Scholarship | <input type="checkbox"/> MacKenzie Payne Memorial Scholarship |

Due Date: April 10, 2024 at 3:22PM (End of the School Day)

Name _____ Date of Birth _____

 Last First Middle

Home Address: _____ Contact Phone # _____

Will you be a CTE Pathway Completer? ☐ YES ☐ NO (If yes, please list pathway name and add Counselor Verification)

Counselor Signature/Verification: _____

Number of College Credits Completed to date: _____ First Generation College Student: ☐ YES ☐ NO

Father/Guardian _____ Highest Level of Education Completed _____

Occupation _____ Employer _____

ESU Employee ☐ YES ☐ NO

Mother/Guardian _____ Highest Level of Education Completed _____

Occupation _____ Employer _____

ESU Employee ☐ YES ☐ NO

Ages of children (including you) claimed on your parents' current tax return (2022): _____

Number of family members now in a post-secondary education program: NONE or # _____

Approximate amount of money you have saved to begin post-high school education: NONE or \$ _____

Approximate amount of money your parent/guardian(s) will provide for the next school year: NONE or \$ _____

Will you work part-time while attending school? ☐ YES ☐ NO

Anticipated expenses for freshman year: Tuition, books and supplies \$ _____ Room/Board \$ _____

College you plan to attend: _____

Anticipated Major: _____

Please list the name and amount of any scholarships that you have been awarded at this time:

List your involvement in school activities including the number of years you've participated & any offices held:

List community service & volunteer activities while in grades 9-12 (including church, 4-H & Volunteer activities):

Briefly explain your educational & career goals:

Please include/attach financial aid award letter.

Student Signature _____ Date: _____

**Please see individual scholarship criteria for any additional information that needs submitted.
Return the completed application to your school counselor.**