## ENTRY FORM KADPF SCHOLARSHIP PROGRAM

		High School Submits
Mr./Ms. (Please print or type) KADPF SCHOLARSHIP PROGRAM continue his/her education in college of	I. The applicant will	
List name of Parent or Guardian emplo transportation position in a K-12 or se phone number. The KADPF scholarsh the scholarship applicant's parent or g	condary education in ip committee reserve	stitution, place of employment and
Name		
Place of Employment	Phone Number	
STUDENT'S HOME ADDRESS		
City	State	Zip Code
Telephone	Social Security	y Number
Student's Signature		Date
HIGH SCHOOL ADDRESS		
City	State	Zip Code
Telephone	Extension Number	
Principal or Counselor Signature		Date
KANSAS COLLEGE, UNIVERSIT attend (include name of school and add		L SCHOOL the student plans to
First choice		
Second choice		
Note: PLEASE RETURN TO:		KADPF SCHOLASHIP USD 489 RUSTY LINDSAY
APPLICANT #		323 W. 12 <sup>th</sup> Street
(KADPF USE ONLY)		Hays, KS 67601
		<u>rlindsay@usd489.com</u> Ph (785) 623-2420

MUST BE POSTMARKED NO LATER THAN February 15th, year of application

## OBJECTIVE CRITERIA LIST KADPF SCHOLARSHIP PROGRAM

Parts I, II and III of this form are to be completed by the applicant's principal or counselor. Parts IV, V and VI are to be completed by the applicant. These pages, along with the Entry Form, must be returned to: KADPF, USD 489, Rusty Lindsay, 323 W. 12<sup>th</sup> Street, Hays, KS 67601.

(Please type or print legibly.)

	College entrance examination score (ACT or SAT) Note: Please circle the type of examination taken.					
	ACT composite score or SAT Combined score					
II.		ive high school grade point average (GPA) semester senior year.				
III.	Please list student	's classes for terms indicated.				
(Junior	year)		tter rade)(Senior 1	1st Semester)	Let (Gra	
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(		)(	)(		)(	)
(		)(	)(		)(	)
(		)(	)(		)(	)
(		)(	)(		)(	)
(		)(	)(		)(	)
(		)(	)(		)(	)
(		)(	)(		)(	)
NOTE ANY I	HONORS CLASS	<u>ES</u> :				
Principal or Co	ounselor Sig	nature		Date		_
	PLEASE RETURN TO:  KADPF SCHOLASH USD 489 RUSTY LINDSAY 323 W. 12 <sup>th</sup> Street		SAY			
(KADPF USE			Hays, KS 67601 <u>rlindsay@usd489.com</u> Ph (785) 623-2420			

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(KADPF USE ONLY)	

## **Objective Criteria List**

under S	\$15,000	\$30,000 to \$35,000
\$15,00	*	\$35,000 to \$50,000
\$20,00		over \$50,000
\$25,00		
Total: number	of family members li	ving at home
Number of dep	pendents in your paren	nts' family, including yourself:
Children	Ages	# Attending College
Other financia	l considerations which	h need to be noted:
		ations and Clubs (Show years of invo
	r Activities – Organiz ny office held.)	ations and Clubs (Show years of invo
		ations and Clubs (Show years of invo
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and indicate an	ny office held.)	ations and Clubs (Show years of invol
and indicate an	ny office held.)	
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and indicate a	ny office held.)	
Honors and A	wards	ations and Clubs (Show years of invol

APPLICANT #	
(KADPF USE ONLY)	

## **Objective Criteria List**

VI.

Work Activities – Are you now currently employed? Yes If yes, what type of work and how many hours per week?	No
Describe you other work activities (such as family farm, help family business, etc):	oing at home,
In the space provided below, please describe in 75 words or words and handwriting, why you want to be a recipient of the Scholarship Program, the course of study or major field of in follow, your proposed occupation or profession, and any other that were not previously mentioned in this form.	e KADPF aterest you plan to