

**ENTRY FORM
KADPF SCHOLARSHIP PROGRAM**

_____ High School Submits

Mr./Ms. (Please print or type) _____ as an entrant for the KADPF SCHOLARSHIP PROGRAM. The applicant will graduate this spring and plans to continue his/her education in college or technical school.

List name of Parent or Guardian employed in a buildings & grounds, food service or transportation position in a K-12 or secondary education institution, place of employment and phone number. The KADPF scholarship committee reserves the right to verify employment of the scholarship applicant's parent or guardian.

Name _____

Place of Employment _____ Phone Number _____

STUDENT'S HOME ADDRESS _____

City _____ State _____ Zip Code _____

Telephone _____ Social Security Number _____

Student's Signature _____ Date _____

HIGH SCHOOL ADDRESS _____

City _____ State _____ Zip Code _____

Telephone _____ Extension Number _____

Principal or Counselor Signature _____ Date _____

KANSAS COLLEGE, UNIVERSITY OR TECHNICAL SCHOOL the student plans to attend (include name of school and address)

First choice _____

Second choice _____

Note: PLEASE RETURN TO:

APPLICANT # _____
(KADPF USE ONLY)

KADPF SCHOLASHIP
USD 489
Jeff Arnhold
323 W. 12th Street
Hays, KS 67601
jarnhold@usd489.com
Ph (785) 650-7490

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, Jeff Arnhold, 323 W. 12th Street, Hays, KS 67601.

(Please type or print legibly.)

- I. College entrance examination score (ACT or SAT)
Note: Please circle the type of examination taken.

ACT composite score or SAT Combined score _____

- II. Student's cumulative high school grade point average (GPA)
Excluding spring semester senior year. _____

- III. Please list student's classes for terms indicated.

(Junior year)	Letter (Grade)(Senior 1st Semester)	Letter (Grade)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)
(_____)	(____)(_____)	(_____)

NOTE ANY HONORS CLASSES: _____

Principal or Counselor Signature _____ Date _____

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Objective Criteria List

IV. Financial Need – In the space provided, please indicate your family’s adjusted gross income from tax return for year prior to application year.

_____ under \$15,000	_____ \$30,000 to \$35,000
_____ \$15,000 to \$20,000	_____ \$35,000 to \$50,000
_____ \$20,000 to \$25,000	_____ over \$50,000
_____ \$25,000 to \$30,000	

Total: number of family members living at home _____.

Number of dependents in your parents’ family, including yourself:

Children _____ Ages _____ # Attending College _____

Other financial considerations which need to be noted:

V. Extracurricular Activities – Organizations and Clubs (Show years of involvement and indicate any office held.)

Honors and Awards _____

Community or Other Activities _____

Objective Criteria List

- VI. Work Activities – Are you now currently employed? Yes _____ No _____
If yes, what type of work and how many hours per week?

Describe your other work activities (such as family farm, helping at home, family business, etc):

In the space provided below, please describe in 75 words or less, in your own words and handwriting, why you want to be a recipient of the KADPF Scholarship Program, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not previously mentioned in this form.
