ACCHS Alumni Association Scholarship Foundation, Inc. 417 Main St.; PO. Box 209; Effingham, Ks. 66023

GENERAL SCHOLARSHIP APPLICATION

	Complete form in ink in your own handwriting or type.				<u>Centennial</u>	
	Check Scholarships of interest in box at the right.				Courtney Dooley	
	Return this application to the high school counselor by deadline with following:			Eck Dank Dank		
		Transcript			Hinshaw D Morgan	
		Resume.			Stewart Description of the Stewart Description o	
		Essay, if required			Miller [
and ca	areer go	Statement of interest in the field of study, Biographical sketch, educational reer goals				
		Narrative explaining financial need, if desired.				
		Letters of Reference, if any.				
		Specific requirements unique to each scholarship of interest.				
NAM	E:					
ADD	RESS: _					
		Street	City	State	Zip Code	
Year	of High	School Graduation				
PARE	ENT/GU	JARDIAN'S NAMES:				
ADD	RESS (i	Street	City	State	Zip Code	
ADD)	RESS (i	if different)Street	City	State	Zip Code	
What	is the n	ame of the college or univers	ity you plan to attend?			