ACCHS Alumni Association Scholarship Foundation, Inc.

506 6th St., PO Box 289; Effingham, Ks. 66023

GENERAL SCHOLARSHIP APPLICATION

- ✓ Complete in ink in your own handwriting or type.
- ✓ Check Scholarships of interest in box at the right.
- ✓ Return this application to the high school counselor by date specified.*
- ✓ Have your counselor attach a copy of your high school transcript showing class rank and overall GPA.
- ✓ Attach Resume' including detail requested by specific scholarship. *
- ✓ Attach an essay per requirements of individual scholarship selected. *
- ✓ Attach statement expressing your interest in entering your chosen field of study, your educational and career goals along with a brief biographical sketch.
- ✓ Attach documentation showing financial need if applicable for selected scholarship. *
- ✓ Letters of Reference. *

Eck	☐
Stewart	☐
Morgan	☐
Hinshaw	☐
Centennial	☐
Courtney	☐

NAME: _____

ADDRESS: _____
Street City State Zip Code

Year of High School Graduation _____

PARENT/GUARDIAN'S NAMES: _____ _____

ADDRESS (if different) _____
Street City State Zip Code

ADDRESS (if different) _____
Street City State Zip Code

What is the name of the college or university you plan to attend? _____

* Refer to attached "Scholarship Requirement Summary"