

**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.
- Check Scholarships of interest in box at the right.
- Return this application to the high school counselor by deadline with following:
  - Transcript
  - Resume.
  - Essay, if required
  - Statement of interest in the field of study, Biographical sketch, educational and career goals
  - Narrative explaining financial need, if desired.
  - Letters of Reference, if any.

<b><u>Eck</u></b>	<input type="checkbox"/>
<b><u>Stewart</u></b>	<input type="checkbox"/>
<b><u>Morgan</u></b>	<input type="checkbox"/>
<b><u>Hinshaw</u></b>	<input type="checkbox"/>
<b><u>Centennial</u></b>	<input type="checkbox"/>
<b><u>Courtney</u></b>	<input type="checkbox"/>
<b><u>Wood</u></b>	<input type="checkbox"/>

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? \_\_\_\_\_