ACCHS Alumni Association Scholarship Foundation, Inc.

417 Main St.; PO. Box 209; Effingham, Ks. 66023

GENERAL SCHOLARSHIP APPLICATION

Centennial	☐
Courtney	☐
Dooley	☐
Eck	☐
Hawk	☐
Hinshaw	☐
Morgan	☐
Stewart	☐
Wood	☐

☐ 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.
- ☐ Specific requirements unique to each scholarship of interest.

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? _____

ver. 1/2022