Kristen Swartzendruber Memorial Scholarship USD 261 Employee Application (Please type or print legibly)

Name of Applicant:			Soc				
Home Address:							
City	County		State		Zip		
Phone (H):	Phone (c):					of Birth:	
Did you receive a high school d	iploma	□ Yes	□ No	Year		GPA	
Name of High School					Location _		
Did you earn a GED certificate		□ Yes	□ No				
If yes: Date of test:			Location	:			
Have you or are you currently a	ttending college	e?	□ Yes		No	GPA	
Name of college/university?						Major	
Please list any clubs, sports, ac	ctivities or comm	nunity volu	unteerism	which	n you particip	oate[d] in.	
Please list any honors or award	ls you have rece	eived.					
Please attach an essay includir	g the following:						
 Briefly explain the factors which contribute to your financial need for a college scholarship and why you should be considered for this scholarship. 							
•	Please share yo	our reasor	ns for your	pers	onal commiti	ment to e	education.
By signing below, I verify the in- permission for the KSMS comm donors.				-			-
Signature of App	licant				Date		