

SCHOLARSHIP APPLICATION

FOR FOUNDATION OFFICE USE ONLY		
FUND NAME	FUND NAME	
DETAIL CODE	DETAIL CODE	
AMOUNT \$	AMOUNT \$	

The Foundation provides and funds a large number of scholarships to students attending Barton Community College for educational opportunities and/or training. Thanks to the generosity of many donors, we have scholarships with a wide variety of criteria to assist with your financial obligations of attending college. Please complete and return this form to our office (located in the Student Union); mail it to 245 NE 30 Rd, Great Bend, KS 67530; or fax it to (620) 786-1138.

Submitting a scholarship application does not guarantee a scholarship award.

There is no deadline date but applications received by June 1st will be given first preference.

Please list academic year for which yo must reapply each year.) Year 2	u plan to attend: (Scholarshi 20/	ps are awarded	d one academic year at a time. You
Legal Name:			
Last	First	MI	Previous or Maiden Name
Address:	City:		State:Zip:
Contact Phone Number:	Email:_		
Date of Birth:	Sex: Male Female		ication Number rity Number:
Race: (Race and Citizenship information u American Indian or Alaskan Native Native Hawaiian or Pacific Islander	Asian 🔲 Black or A	frican America	· <u></u>
Kansas Resident? 🗌 Yes 🔲 No Cou	nty of Residence:		U. S. Citizen? ☐ Yes ☐ No
Name of High School you attended:		Di _l	oloma
Current GPA (if available): ACT	Score (if available):	Program of Stu	ıdy:
Are you a member of a Barton athletic	team? Yes No If	Yes, What spoi	t?
Are you receiving a Barton athletic sch	nolarship? 🗆 Yes 🗀 No		
Number of <u>college</u> hours completed:_	Will you be a 〔	☐ full time (12	hours or more) or \square part time student?
How many currently reside in your ho	usehold?	Are you th	e head of the household? Yes No
Your (applicant) gross annual income:	Gros	s annual paren	t(s)/spouse income:
Marital Status: Single Married	Are you a single parent?) Yes □ No	
Are you receiving any Federal financia	l aid?□Yes □No Are y	ou a depender	nt of a Barton employee? ☐ Yes ☐ No
Are you a dependent of a Barton alum	nni? 🗌 Yes 🔲 No If Yes, Na	ame of alumni:	(continued on back page)

Please give a short description of why you are applying for scholarship assistance. If applicable, include information on
any high school extra-curricular activities and/or leadership roles you held, as well as future education and career goals.
I am applying for a scholarship because:
(If you need additional space, you may attach another piece of paper.)
If I am awarded a Foundation scholarship, I understand the Foundation office may publish information regarding my award. The Foundation office may also provide my contact information to the donor of my scholarship if it is requested. We must receive written notification from you if you do <u>not</u> want this information shared.
Name of Hometown Newspaper:
By my signature below I certify that the information given is correct and complete.
Student Signature: Date:
Non-discrimination Notice: Barton Community College is an equal opportunity provider and employer. Visi equal.bartonccc.edu for more information.