Return to Guidance Office by: April 14, 2016

LILA B. CLARK MEMORIAL SCHOLARSHIP

ACT Composite Score _____

ACT Composite %ile _____

Rank in Class _____

Grade point Average _____

The Lila B. Clark Memorial Scholarship is awarded primarily on the basis of need. **Applicant must be a female, planning to pursue business, accounting or any business related field of study.** The female student must be planning to enter and attend an accredited Kansas College, Community College, or Vocational or Vo-Tech school. Applicant must be an Abilene High School graduate.

Name _____ Birthdate _____

Home Address _____ Home Phone _____

Father's Name _____ Place of Employment _____

Mother's Name _____ Place of Employment _____

Number of Children in Family _____ Ages _____

How many in Post High School (College or Vocational) next year? _____

PLEASE INCLUDE A COPY OF THE STUDENT AID REPORT (SAR) WITH YOUR APPLICATION. If that is not available include a copy of the original FREE APPLICATION FOR FEDERAL STUDENT AID. (FAFSA)

HONORS – AWARDS – MAJOR ACTIVITIES

High School	Community
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REFERENCES

Contact at least 3 people who can tell the selection committee about your eligibility and need for a scholarship grant. (NO NOT USE RELATIVES)

1. One teacher
2. One person from a financial institution. (Bank or Savings & Loan) (See special reference form)
3. Other person (neighbor, teacher, employer, etc.)

Name	Position	Address
_____	Teacher _____	_____
_____	Financial _____	_____
_____	_____	_____

Give each of these people one of the appropriate recommendation forms and stamped envelope addressed to: Abilene High School Guidance Office, 1300 N Cedar, Abilene, KS 67410. Ask them to return the completed form before April 14, 2016. (No stamps are necessary for high school teachers.)

Estimate costs and resources for the period of your request for a Lila B. Clark Memorial Scholarship Grant.

Estimated Budget

Required Fees and Tuitions	$ _____	Lunches and Travel Expenses	$ _____
Books, Instructional materials & equipment	$ _____	Clothing	$ _____
Board	$ _____	Personal & Recreation	$ _____
Room	$ _____	Other Costs	$ _____
		TOTAL	$ _____

Do you own a car? Yes ____ No _____ Make _____ Year _____

Will you have this car on campus next year? Yes _____ No _____

I plan to attend _____ next year. I will receive $ _____ from sources other than my parents and Lila B. Clark Memorial to help defray my education expenses.**

**These sources include: List college financial aid, relatives, etc…

The Lila B. Clark Memorial Scholarship Grant Committee has my permission to use my Student Aid Report or Free Application for Federal Student Aid (FAFSA).

_____
Signature

THIS YOU MUST DO

- ☐ 1. Complete and return the scholarship grant application and autobiographical sketch to the Guidance Office by April 14, 2016.
- ☐ 2. Have three persons fill out recommendation forms and return them to the Guidance Office by April 14, 2016. (One must be from a Financial institution).
- ☐ 3. Turn in a copy of the Student Aid Report (SAR) or Free Application for Federal Student Aid (FAFSA) to the Guidance Office.

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT

Abilene, Kansas

AUTOBIOGRAPHICAL SKETCH

Date _____

Student's Name _____

Address _____

Write below a paragraph telling why you are making application for a scholarship grant and what you hope to do with your college or vocational school education. Describe any unusual circumstances that the Committee might need to know to better assess your financial need.

_____

Student Signature

Return to Guidance Office by: April 14, 2016

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT

FINANCIAL REFERENCE

Concerning _____ son/daughter of _____

Address _____

The above mentioned has applied for a Lila B. Clark Memorial Scholarship Grant. In a short paragraph would you make any comments about the above name applicant's financial need that would be helpful to the selection committee. This form will be kept in strictest confidence and will only be shown to the selection committee.

Would you rate the student on Financial need by circling your most accurate estimate of the family financial need.

No help needed 1 2 3 4 5 6 7 8 9 Total help needed

Signature _____ Position _____

Address _____ Date _____

Return to Guidance Office by: April 14, 2016

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT RECOMMENDATION

Concerning _____ Address: _____

The above named student has applied for the **Lila B. Clark Memorial Scholarship Grant.** Would you rate the student on each of the following characteristics by circling the appropriate number. Remember to compare this student to the average student. This form will be kept in strict confidence and will only be shown to the selection committee.

Motivation	Low	1	2	3	4	5	6	7	8	9	High
Industry	Just enough to pass	1	2	3	4	5	6	7	8	9	Hard Worker
Initiative	Needs prodding	1	2	3	4	5	6	7	8	9	Does more than assigned
Concern for Others	Little	1	2	3	4	5	6	7	8	9	Very
Leadership	Follower	1	2	3	4	5	6	7	8	9	Exceptional
Responsibility	Not Very	1	2	3	4	5	6	7	8	9	Highly
Social Maturity	Immature	1	2	3	4	5	6	7	8	9	Outstanding
Personal Appearance	Poor	1	2	3	4	5	6	7	8	9	Very Neat / Appropriate
Financial Need	No Help Needed	1	2	3	4	5	6	7	8	9	Total Help Needed

Any additional comments you might want to make regarding the applicant's financial need and/or suitability to receive a Lila B. Clark Memorial Scholarship Grant.

In what capacity were you associated with this person? _____

Signature _____ Position: _____

Address _____ Date: _____

Return to Guidance Office by: April 14, 2016

LILA B. CLARK MEMORIAL SCHOLARSHIP GRANT RECOMMENDATION

Concerning _____ Address: _____

The above named student has applied for the **Lila B. Clark Memorial Scholarship Grant.** Would you rate the student on each of the following characteristics by circling the appropriate number. Remember to compare this student to the average student. This form will be kept in strict confidence and will only be shown to the selection committee.

Motivation	Low	1	2	3	4	5	6	7	8	9	High
Industry	Just enough to pass	1	2	3	4	5	6	7	8	9	Hard Worker
Initiative	Needs prodding	1	2	3	4	5	6	7	8	9	Does more than assigned
Concern for Others	Little	1	2	3	4	5	6	7	8	9	Very
Leadership	Follower	1	2	3	4	5	6	7	8	9	Exceptional
Responsibility	Not Very	1	2	3	4	5	6	7	8	9	Highly
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Personal Appearance	Poor	1	2	3	4	5	6	7	8	9	Very Neat / Appropriate
Financial Need	No Help Needed	1	2	3	4	5	6	7	8	9	Total Help Needed

Any additional comments you might want to make regarding the applicant's financial need and/or suitability to receive a Lila B. Clark Memorial Scholarship Grant.

In what capacity were you associated with this person? _____

Signature _____ Position: _____

Address _____ Date: _____