Return to Guidance Office by: April 18, 2016

Thompson Dickinson County Council
On Alcohol and other Drugs Scholarship

Dickinson County Council's main focus for 20 plus years was to help families with direct services. When the council was dissolved, we wanted that legacy to continue. What better way than to help young people further their education. Applicants must be an Abilene, KS high school senior.

Two $1000 scholarships will be available.

Award can be considered for renewal by submitting this front page and transcript by deadline.

Qualifications

1. Plan to attend college, vo-tech or trade school upon graduation.
2. Be in need of financial assistance.

Name of Applicant: _____

Address: _____

Father's Name: _____ Employment: _____

Mother's Name: _____ Employment: _____

Brothers and sisters (list names and ages): _____

_____

Brothers and sisters now attending college: _____

Name of school you plan to attend: _____

Athletic letters won (sport and year): _____

Grade Point Average: _____

Explanation of your financial situation. Please include: amount saved for college, car payment, financial help from parents for college, medical expenses, etc. (Use back side of page, if necessary).

REFERENCES: Contact at least 3 people who can testify to your eligibility for an award. High School teachers or principal, businessmen, or former employers are useful contacts.

NAME	POSITION	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____

Thompson Dickinson County Council
On Alcohol and other **Drugs Scholarship**

AUTOBIOGRAPHICAL SKETCH

Date:_____

Student's Name: _____

Address: _____

Write below a paragraph why you are applying for a scholarship and what you hope to do with your college education.

_____
Student's Signature

Return to the Guidance Office by: April 18, 2016
Abilene High School, Abilene, KS

Reference Form

Student Name: _____

The above named student has applied for the **Thompson Dickinson County Council on Alcohol and other Drugs Scholarship.** In order to help us complete this application, would you rate the student on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

Motivation	Low	1	2	3	4	5	6	7	8	9	High
Citizenship	Uncooperative	1	2	3	4	5	6	7	8	9	Cooperative Positive Follows Rules
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 Concerned
Leadership	Follower	1	2	3	4	5	6	7	8	9	Exceptional Leader
Responsibility	Not Very Responsible	1	2	3	4	5	6	7	8	9	Highly Responsible
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
Financial Need	No help needed	1	2	3	4	5	6	7	8	9	Total help needed
Estimate of Future Success	Low	1	2	3	4	5	6	7	8	9	High

Additional Remarks:

In what capacity were you associated with this person? _____

Signature _____ Position: _____

Address _____ Date: _____

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Abilene High School, Abilene, KS

Reference Form

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Signature _____ Position: _____

Address _____ Date: _____