Return to Guidance Office by: April 11

Lila B. Clark Memorial Scholarship

ACT Composite Score_____

Rank in Class_____

Grade point Average _____

Five $2800 scholarships shall be awarded, two of which are to be awarded to a graduating Abilene High School senior qualified and desirous of attending a vocational technical college or school. The remaining three scholarships shall be awarded to a graduating Abilene High School senior qualified for and desirous of attending a Kansas Junior College or a four-year Kansas college or university. In the event of a lack of interest in the vocational scholarships, one or both of the first two may be awarded to students in the academic category. A total of five scholarships are to be granted if there are five qualified graduating seniors seeking them. In addition, applicants must have a 2.5 grade point average in order to be considered. The selection date for the Brown Memorial Scholarships shall be after other area scholarships have been awarded, to avoid duplication of scholarship recipients.

Please submit:

- Application/ Budget Worksheet
- Transcript
- Resume
- 3 Letters of recommendation including
  - 1 Teacher
  - 1 Employer or Coach
  - 1 Non-relative who can speak to your financial need or work ethic
- Proof of enrollment in Post-High education (if this is not yet available, please submit once obtained. Funds will be released upon this submission). Anticipated date of availability:_____
- Budget worksheet
- Copy of Student Aid Report (SAR) from FAFSA
- Short Essay (Please tell what you hope to do with your college or vocational education. Describe any unusual circumstances that the committee might need to know to better assess your financial need.

Application and Budget Worksheet

Your Name:_____ Phone Number:_____

Email Address:_____ Birthdate:_____

Address:_____

Is the above address where the scholarship money should be mailed to if your application is chosen? If not, please indicate

that address here:_____

Name of parent(s)/ Guardian(s)_____

# of Siblings_____ # of Siblings also attending Post-High Education_____

School/Trade/Tech Attending in coming school year:_____

Planned major/ area of study_____

Estimate costs and resources for the period of your request for a Brown Memorial Scholarship Grant.

Estimated Budget

Required Fees and Tuitions .....$_____

Books, Instructional materials & equipment .....$_____

Board.....$_____

Room.....$_____

Lunches and Travel Expenses .....$_____

Clothing.....$_____

Personal & Recreation.....$_____

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 Brown Memorial to help defray my education expenses.**

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

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

_____
Signature

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