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:	Employ	ment:
Mother's Name:	Employ	ment:
Brothers and sisters (list name	s and ages):	
Brothers and sisters now atten	ding college:	
Name of school you plan to att	end:	
Athletic letters won (sport and	year):	
Grade Point Average:		
		include: amount saved for college, car payment, spenses, etc. (Use back side of page, if necessary).
School teachers or principal, b	usinessmen, or for	o can testify to your eligibility for an award. High mer 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 college education.		

Student's Signature

Reference Form

Stı	udent Name:												
an stu	d other Drugs Soudent on each of th	cholarship. In ord	er to eristic	hel	p us / circ	con	npleto	e this	s ap	plica	tion,	Council on Alcohol would you rate the appropriate in each	
	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	
Ac	lditional Remarks	:											
In	what capacity were	you associated with	h this	s per	rson'i	? _							
	-			-									
Δ.	Address							Date:					

Reference Form

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