

# Pauline and Richard A. Cook Family Scholarship Application

*Please print or type.*

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate or permanent address if different from above:

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

High School Name \_\_\_\_\_ Date of graduation \_\_\_\_\_

Post-Secondary school you are currently attending: \_\_\_\_\_

What is your intended or declared major? \_\_\_\_\_

What is your year in school? \_\_\_\_\_

Post-Secondary School Cumulative Grade Point Average \_\_\_\_\_

Please list extra curricular activities in which you have participated during the last 2 years. (Or attach a resume.)

Please list any community activities in which you have participated during the last 2 years. (Or attach a resume.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include an official copy of your transcript with your application and return to:  
Community Foundation for Cloud County, PO Box 213, Concordia, KS 66901