

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