

SCHOLARSHIP APPLICATION FORM

Name _____ Age _____
Last First Initial

Address _____
Street or PO Box City Zip

Phone Number _____ Social Security No. _____

County in Which School is Located _____ Email _____

Parents or Guardians _____

Address _____

Occupation(s) _____

PRESENT STATUS AS A STUDENT

I will graduate from _____ in 20____
High School

For my application to be considered, my list of references and Part II of this application form are to be submitted with this application. Please include a recent snapshot or school photo if available.

1. What college or university do you plan to attend? _____
2. In what field do you plan to study? _____
3. List of three references, one of which must be either your counselor or high school principal

Name: _____
Address: _____
Occupation: _____

Name: _____
Address: _____
Occupation: _____

Name: _____
Address: _____
Occupation: _____

SCHOLARSHIP APPLICATION FORM PART II

Selection will be determined by a committee using the following criteria.

1. All school activities/awards/recognition/leadership.

2. Non-school activities/awards/recognition/leadership.

3. Grade Point Average for seven semesters-Please attach transcript. _____

4. Work Experience

5. Please attach a short essay (200 words) regarding your financial needs and career and educational goals.

Applications must be returned by March 1 to be considered for this scholarship. If you have questions or need additional information please feel free to contact, Kenton K Krehbiel at home at 785-462-6553 or cell phone 785-443-3437. Please send completed application to kkfound@st-tel.net or the following address.

Pete Henry Foundation
PO Box 504
Colby, KS 67701-0504

Applicant, Sign in Longhand

Date