

114 W. 5th Street  
P.O. Box 8624  
Pratt, KS 67124  
(620)672-7929

## Nila W. Swayze Memorial Scholarship 2019 Application

### **Personal Information**

Mr./Ms.

Last Name:  First Name:  Middle Initial:

Mailing Address:

City:  State:  Zip Code:

Telephone Number:  Cell Phone Number:

E-mail:

\*\*Please do not use your high school e-mail address.

Date of Birth:

Parent's or Legal Guardian's Names:

Parent's or Legal Guardian's E-mail:

& Addresses (if different than above):

### **Guidelines Reviewed**

By signing below I confirm that I have read the guidelines and meet ALL criteria listed for the Nila W. Swayze Memorial Scholarship.

Date:

Signed By \_\_\_\_\_

**Education Information**

High School Name:

Year of Graduation:  Grade Point Average:  ACT or SAT composite score:

Please attach official, sealed school transcript. Please provide official proof of ACT or SAT scores.

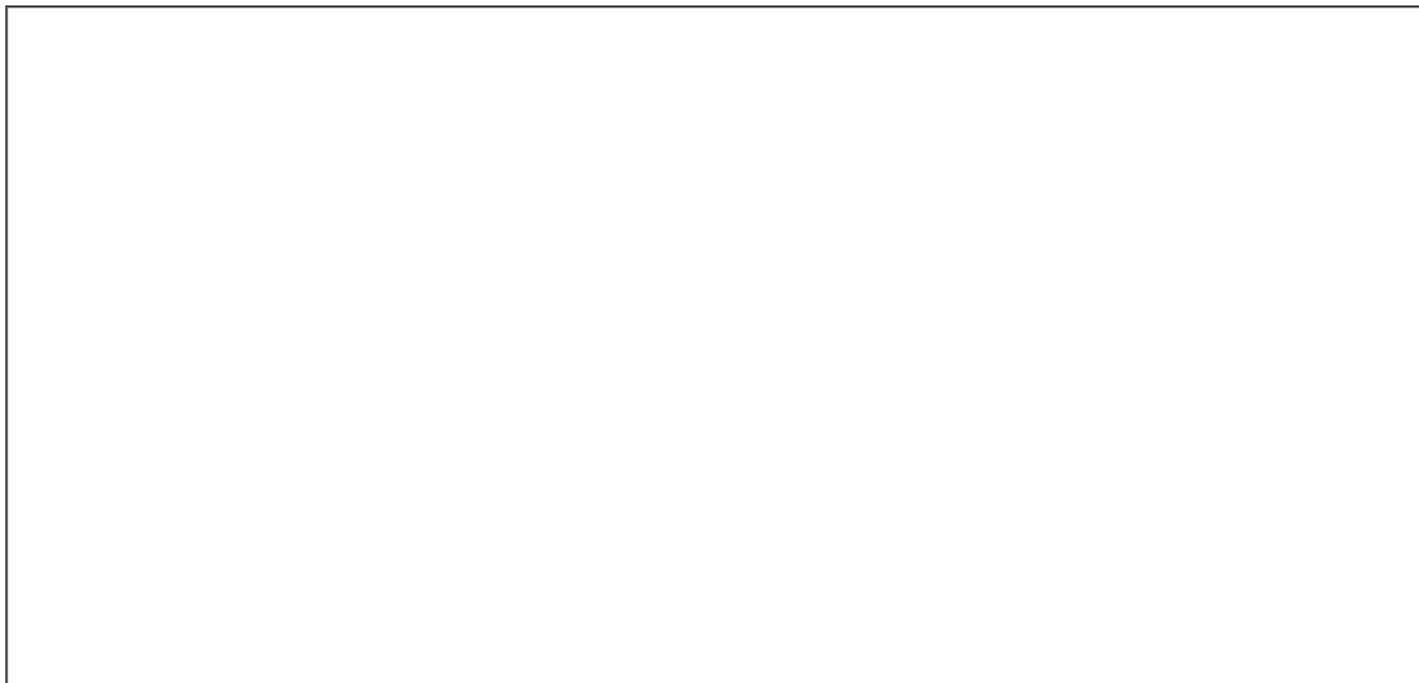
**College Plans**

Which university, college, community college, vocational technical school, or trade school do you plan to attend? *Please include address of college financial aid department.*

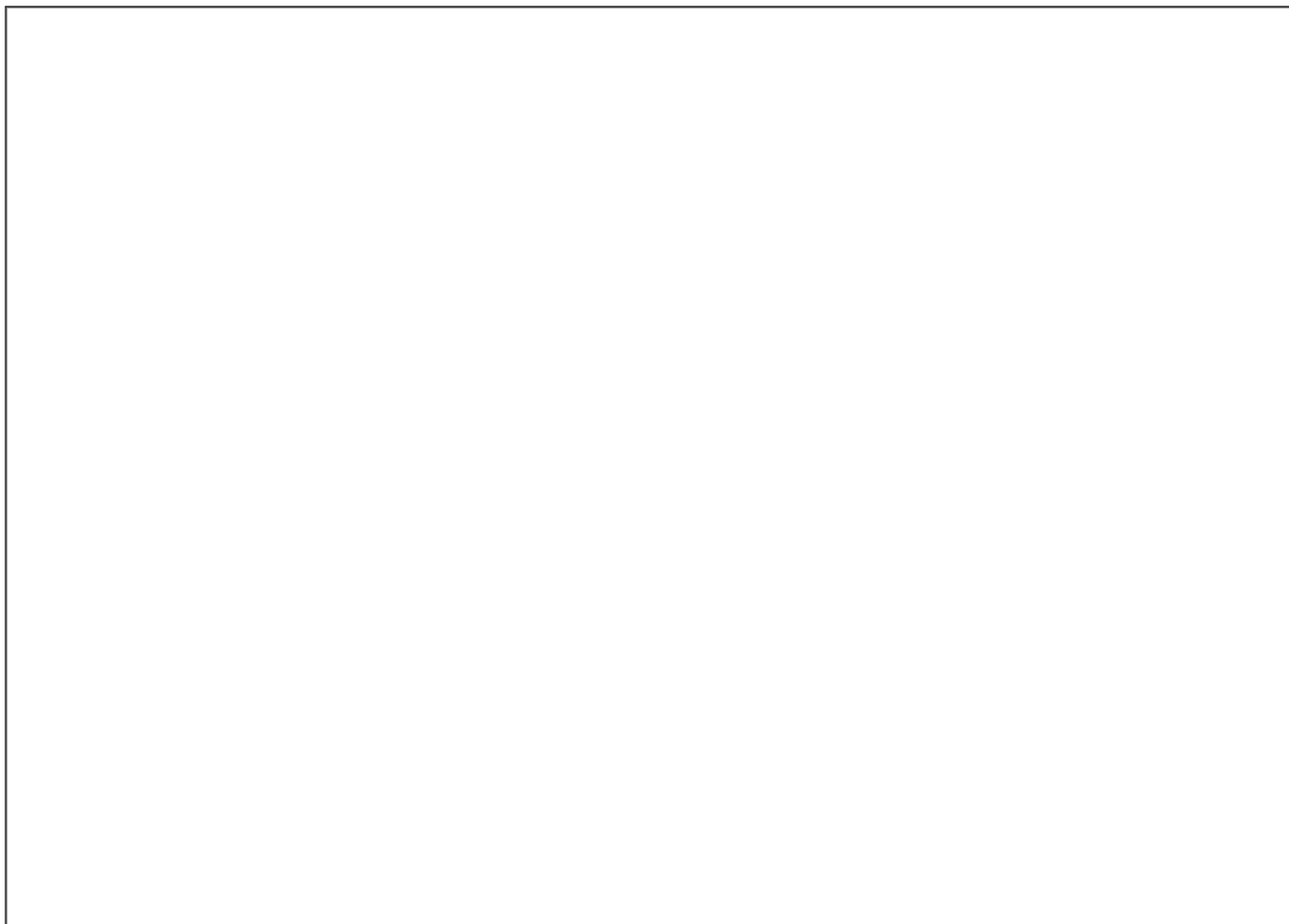
List major course(s) of study you plan to pursue in college:

List high school/college activities, memberships, offices held and honors or awards received.

List community activities in which you have been involved and what role you played.

A large, empty rectangular box with a thin black border, intended for the user to list community activities and their roles.

What are your goals & aspirations for the future?

A large, empty rectangular box with a thin black border, intended for the user to describe their future goals and aspirations.

Explain why you believe you should be awarded a Nila W. Swayze Memorial Scholarship.  
*Applications are free to submit whatever information they feel will be helpful to the Selection Committee.*

## **Financial Need**

Enter your parents' taxable income as reported on their most recent U.S. income tax return:

**\*Parent/Guardian's most recent tax return must be attached.**

Include any other information regarding your financial need that would be helpful to the Selection Committee.

## **Reference Letters**

Two reference letters regarding character are required. References must be non-family members.

By signing and submitting this application, the applicant is authorizing any school they have attended or are presently attending to verify any information they supplied in this application. In addition, the applicant is authorizing South Central Community Foundation to use his/her name and picture (if included) in any publication.

I confirm that I have reviewed all the information on this application form and have found it to be accurate.

Date:

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Signed By

**Please attach to this application these required documents:**

- An official, sealed transcript from your high school.
- Verification of ACT and/or SAT composite scores.
- Parent/Guardian's most recent tax return.
- Two reference letters from the community regarding your character (non-family members).

Please submit completed application and required documents to:

**South Central Community Foundation  
114 W. 5th Street | P.O. Box 8624  
Pratt, Kansas 67124  
(620)672-7929  
E-mail: [sccf@sccfks.org](mailto:sccf@sccfks.org)**