KANSAS CRIME STOPPERS ASSOCIATION

COLLEGIATE SCHOLARSHIP APPLICATION

## Terms and Conditions

1. Must be a graduating senior of an accredited Kansas high school.
2. This scholarship will be awarded by April 26, 2019.
3. This scholarship in non-renewable.

## Attachments to Application

1. An official high school and if applicable, college transcript.
2. A letter of recommendation from a teacher, counselor, or local Crime Stoppers member.
3. A recent photograph for possible media use; photo will not be returned.
4. An original, handwritten essay describing your future goals and objective.

## Disbursement of Scholarship Funds

1. Evidence of full time enrollment (12 hours minimum) at an accredited Kansas institution of post-secondary education for the fall semester of 2019.
2. A one-time disbursement of scholarship funds in the amount of $500 will be paid to the recipient.

Your completed application form and required attachments must be received by **March 25, 2019**

and submitted to:

## by email to: OR mail to:

**Jacqulyn Ashcraft** KCSA Collegiate Scholarship Application

jsashcraft47@gmail.com Attn: Jacqulyn Ashcraft 10014 Paganica Court

Hutchinson, KS 67502

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PERSONAL INFORMATION

Name:

Address:

City: County: Zip:

Phone: Date of Birth:

EDUCATION

Name of High School: \_

Address:

Date of Graduation: GPA:

Number of students in graduating class: Your rank: \_

List activities, clubs, and organizations in which you participate or have participated, positions held, and any awards, honors, or special recognitions you have received.

Name of accredited institution:

Have you applied for admission? (Circle one) Yes No Have you been accepted? (Circle one) Yes No

Prospective major course of study:

Prospective career/profession:

I certify that the information contained in my application and attachments are true and accurate. Furthermore, I understand that my application, attachments, and photograph - once submitted - become the property of Kansas Crime Stoppers Association to use at the discretion of its Board of Directors.

Applicant's Signature: Date: