

**THE COLLEGE OF EMPORIA ALUMNI ASSOCIATION,
INC.**

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Legal Name:

(Last) (First) (Middle)

Former last Name:

Prefer to be called (nickname):

Gender: male female

Applying as (underline one): Freshman Continuing Student Other

For the term beginning:

Date of Birth:

E-mail address:

Permanent Home address:

Home Phone:

Permanent Home Phone:

Possible career or professional plans:

Are you presently a candidate for other educational financial aid? Yes No

What are your educational financial needs ? (specify and provide dollar amount):

Name of College of Emporia Alumnus, former student or former employee to whom you are related:

Specify your relationship to the above person:

Year(s) during which the above person attended or was otherwise associated with the College of Emporia:

FAMILY

Father (name, address):

Mother (name, address):

Home telephone #:

Number of family members:
parent:

Living at home with

Number of family members now attending higher education full time (12 hours or more):

ACADEMIC HONORS

Scholastic distinctions you have earned (attach separate page).

WORK EXPERIENCE

List and describe all jobs (including summer employment) you have held during the past three (3) years on a separate page.

ENCLOSE

1. An official high school transcript including ACT or SAT I & II scores
OR if you have earned post high school credits, an official transcript from each of the entities where the credits were earned.
2. The application to and acceptance from the institution where scholarship proceeds, if any, from the College of Emporia Alumni Association will be used by applicant.
3. ONE page personal essay including ALL of the following:
 - a. Future goals as related to college major
 - b. Define success
 - c. Most influential person in your life and why.
4. Anecdote about the above relative while at the College of Emporia (separate page)

SCHOLARSHIP APPLICANT CERTIFICATION

By my signature I certify that the information on this application is correct and true to the best of my knowledge. I understand that furnishing false information may result in revocation of financial aid obtained through submission of this application. I agree that this application and the information it contains becomes the property of the College of Emporia Alumni Association, Inc. and may be used at the discretion of that association.

Applicant Signature:

Date:

**APPLICATION MUST BE POSTMARKED BY APRIL 1
AND MAILED TO:**

COLLEGE OF EMPORIA SCHOLARSHIP COMMITTEE

P. O. BOX 405

EMPORIA, KS 66801