



**CHERRYVALE ALUMNI COMMUNITY AND EDUCATIONAL FOUNDATION  
SCHOLARSHIP APPLICATION  
USD 447 GRADUATES**

Legal Name \_\_\_\_\_

Present Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_

What is your current G.P.A \_\_\_\_\_

Have you been enrolled in the Kansas Scholar Curriculum Yes \_\_\_\_\_ No \_\_\_\_\_

How many college credits have you earned to date, including this semester \_\_\_\_\_

I will be attending the following educational institution next semester:

\_\_\_\_\_

Field of study \_\_\_\_\_

My long range goal is:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your family:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail application to the address listed below - MUST BE RECEIVED BY FIRST FRIDAY IN MARCH**



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**EMPLOYMENT**

List Employment you have had during your four years of high school. List the most recent employment first.

EMPLOYER	DATES EMPLOYED	HOURS WORKED EACH WEEK	DUTIES AT EACH PLACE EMPLOYED
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

ALL APPLICANTS, GRADUATING IN MAY, ARE REQUIRED TO PARTICIPATE IN AN INTERVIEW WITH THE CHERRYVALE ALUMNI COMMUNITY AND EDUCATIONAL FOUNDATION SCHOLARSHIP COMMITTEE.

INTERVIEWS WILL BE SCHEDULED BY THE MIDDLE/HIGH SCHOOL GUIDANCE COUNSELOR AND WILL BE HELD DURING THE SCHOOL DAY.

THE INTERVIEW IS A REQUIREMENT TO BE CONSIDERED FOR A SCHOLARSHIP FROM THE CHERRYVALE ALUMNI COMMUNITY AND EDUCATIONAL FOUNDATION.

If I receive a scholarship from the Cherryvale Alumni Community and Educational Foundation and do not complete the semester for which the award is granted, I/We will reimburse the amount of said award received to the Cherryvale Alumni Community and Educational Foundation.

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Applicant's Signature

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Date

Parent/Guardian Signature

Date