## **Emporia State University Academic Scholarship Application**

HEADRICK EDUCATIONAL FUND ACADEMIC SCHOLARSHIP APPLICATION FORM

**NOTE:** This completed application must be submitted to Emporia State University Scholarship Coordinator's office <u>no later than February 15</u> prior to the fall term for which financial aid is sought. \*New freshmen and/or Transfer Students must attach a transcript(s). All applicants must provide a printout of your EFC after filling out the FAFSA (<u>www.fafsa.gov</u>). Once the Scholarship Coordinator has received all documents, your application will be processed according to the restrictions stipulated in the Headrick Educational Fund Agreement. <u>Incomplete applications</u> <u>will not be considered</u>.

NAME:				
NAME:(L		(FIRST)	(MI)	
PERMANENT ADDRE	SS:(NUMBE			
	(NUMBE	R/STREET)	(P.O. BOX)	
(CITY)	(STATE)	(ZIP)		
TELEPHONE:		College Student ID#:		
EMAIL:				
I am a descendent c	,	ry Frances Barnett Headrick		
High School GPA:	ACT Composite Sc	core College/Univer	rsity GPA:	
College or University yo	ou plan to attend:			
Student Classification fo	r semester application is l	being made:		
Freshman	Sophomore	Junior	Senior	
High School or College	Currently Enrolled:			

## Educational Experience: (Beginning with High School)

Name of School/College	Location	Years Attended	Degree/Diploma
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Please respond to the following:

High School and/or college activities, clubs, offices, etc. in which you have actively participated:

Community activities in which you have actively participated:

Honors, awards, recognition, etc. received:

Signature:

Date:

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Mail completed application and requested documents to: Scholarship Coordinator Financial Aid, Scholarships, & Veterans Services Campus Box 4038 1 Kellogg Circle Emporia, KS 66801