

# Emporia State University Academic Scholarship Application

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## HEADRICK EDUCATIONAL FUND ACADEMIC SCHOLARSHIP APPLICATION FORM

**NOTE:** This completed application must be submitted to Emporia State University Scholarship Coordinator's office no later than February 15 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 ([www.fafsa.gov](http://www.fafsa.gov)).** Once the Scholarship Coordinator has received all documents, your application will be processed according to the restrictions stipulated in the Headrick Educational Fund Agreement. **Incomplete applications will not be considered.**

NAME: \_\_\_\_\_ (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MI)

PERMANENT ADDRESS: \_\_\_\_\_ (NUMBER/STREET) \_\_\_\_\_ (P.O. BOX)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

TELEPHONE:( ) \_\_\_\_\_ Student ID#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

~ I am a descendant of Richard Bryon and Mary Frances (Barnett) Headrick

Relationship: \_\_\_\_\_

High School GPA: \_\_\_\_\_ ACT Composite Score \_\_\_\_\_ College/University GPA: \_\_\_\_\_

College or University you plan to attend: \_\_\_\_\_

Student Classification for semester application is 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_