

# EMPORIA STATE UNIVERSITY

## General Scholarship Application

Scholarships are supported by alumni, faculty and staff, and friends of Emporia State University. Funding of certain portions of these scholarships is specific. Please fill out the application thoroughly and mark all areas that are applicable.

Student Name (First & Last): \_\_\_\_\_ Student ID (if known): \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Permanent Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent's Place of Employment:  Emporia Radio Station  Modern Air  Birch Telecom  
 Dolly Madison  Santa Fe Railway  
 Steve Sauder Property Management  Hopkins Manufacturing

Please list school/church/community activities in which you have participated and include leadership roles:

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Please list special honors/awards at your high school or previous colleges:

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Are you an AVID high school student? (incoming freshmen only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a single parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a recipient of a Girl Scout Gold Award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a recipient of a Boy Scout Eagle Award?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a dependent of a Vietnam veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a dependent of a Desert Storm veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently an active member of the Kansas National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a dependent of current Emporia State University faculty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a descendant of an Emporia State University alumni?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Armed Forces Veteran "with honorable discharge"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please list branch of the military: \_\_\_\_\_

Are you the descendant of a graduate of the College of Emporia?  Yes  No

If yes, please list what year(s) they attended: \_\_\_\_\_

Will you be working at least 12 hours per week while you are a student?  Yes  No

If yes, please list place of employment: \_\_\_\_\_

If yes, how many hours per week? \_\_\_\_\_

Religious Preference: \_\_\_\_\_

Please return this application to the Office of Financial Aid, Scholarships, & Veterans Services, 1 Kellogg Circle, Campus Box 4038, Emporia, KS 66801 by mail or fax (620.341.6088) by the **priority date of February 15.**