



**GRANT COUNTY  
DRUG**



For Graduating Seniors of  
**USD 214**  
ULYSSES, KANSAS

## SCHOLARSHIP APPLICATION

*Deadline for scholarship application submission is May 1. Applicants that are late or incomplete will not be reviewed.  
Please send your completed application and essay to Grant County Drug - P.O. 570 Box - Ulysses, KS 67880*

### PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Street Address
City
State
Zip Code

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Age: \_\_\_\_ Cumulative GPA: \_\_\_\_

### EDUCATION INFORMATION

College You Plan To Attend: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address
City
State
Zip Code

Intended Major: \_\_\_\_\_

### COMMUNITY INVOLVEMENT & AWARDS

List the activities in which you have been most involved, *in order of importance to you*. Include service activities in your community and school.

ACTIVITY/ORGANIZATION	YEARS PARTICIPATED				APPROX. TIME SPENT		POSITIONS HELD
	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	HRS/WK	WKS/YR	

### ESSAY

On one single spaced page or less, please submit a *typed* statement that addresses the following topics:

1. Your academic motivation and interests
2. Explain how you will contribute to our society in the future by volunteering
3. Financial need *(Please note if you have any other family members currently in college.)*
4. Career Objectives

