FRED T. and JOHN H. STEFFENS SCHOLARSHIP

APPLICATION

Please Print or Type

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| Name                    (last) (first) (middle Initial) Social Security #  Permanent Address  Date of Birth(month, day, year)  (telephone #)  Names of parents or guardian  Address (if different from applicant) |

Only graduates of Phillipsburg High School (USD 325) attending a Kansas post-secondary school are eligible.

Date of graduation      

(month) (year)

Name of post-secondary school for 4yr.college

Which scholarship is requested  Community College

Voc-Tech

       Other

       Graduate School

Address

Year in post-secondary program during coming year

Undergraduate 1 2 3 4 5 or Graduate (check)

Student will:  live on campus  live off campus  commute

Enrolled: less then half-time half time or more fulltime

Anticipated date of graduation from post secondary program

Major field of study applicant plans to pursue

List other scholarships which you have been awarded for the same academic year and applications which are pending and the amounts of each:

List high school activities:

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List work experience (if applicable):

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List college activities (if applicable):

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List honors and awards:

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Describe in narrative form your plans, goals and objectives:

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|  |

A copy of your high school transcript must accompany this application even if you are now in college!

If applicant has attended a post-secondary school, a transcript from that school or college must also accompany this application.

Submit application by April 1 to: Steffens Scholarship Trust

First National Bank

225 State Street

Phillipsburg, KS 67661

Certification: In submitting this application, I certify that the

Information provided is complete and accurate to

best of my knowledge. Falsifaction of information

may result in termination of scholarship grant.

Applicant’s Signature: Date: