

Application for  
**BASIC SCHOLARSHIP**  
Kansas-Nebraska Conference  
Secondary Education



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Topeka, KS 66614

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## STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Gender:  Male  Female  
City/State/Zip \_\_\_\_\_ Church Affiliation \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Church \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Baptized Member  Yes Date \_\_\_\_\_  No  
Email Address \_\_\_\_\_  
Current School \_\_\_\_\_ Upcoming Grade level \_\_\_\_\_  
School I am applying to attend \_\_\_\_\_

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## PARENT/GUARDIAN INFORMATION

### APPLICANT

Relationship to Student \_\_\_\_\_  
Legal Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Church Affiliation \_\_\_\_\_  
Home Church \_\_\_\_\_  
Baptized Member  Yes  No

### CO-APPLICANT

Relationship to Student \_\_\_\_\_  
Legal Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Church Affiliation \_\_\_\_\_  
Home Church \_\_\_\_\_  
Baptized Member  Yes  No

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I plan to apply for a **Financial Scholarship**. Therefore, I will be submitting a *FACTS* application to *FACTS Grant & Aid Assessment*.  Yes  No

**List other siblings in your family.**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade Level \_\_\_\_\_

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## **SCHOLARSHIP AGREEMENT**

To maintain scholarship awarded, the following requirements apply:

1. Student agrees to maintain passing grades in academic studies and attendance.
2. Student agrees to maintain a passing citizenship grade.
3. Student agrees to maintain employment the total time of attendance at the school. The student agrees to work enough hours to earn the estimated student earnings as specified by the school. The student and parents agree that the student will work in the assigned job at the assigned time as outlined in the financial agreement.
4. Parents agree to keep the monthly payments up to date as determined at the time of enrollment. This financial plan must be agreed upon by all parties – parents, student, and business manager of the school.

Scholarship funds are scheduled to be applied to the student’s account monthly. Failure to comply with the above may result in a loss of scholarship funds. Parents or guardians will be responsible for any amount lost because of the student’s failure to meet the above requirements.

Because the scholarship committee must monitor the scholarship program, I agree to allow the records of my child's / children's grades (including attendance grades), labor reports, and financial statements be released by the school to the KS-NE Conference Scholarship Committee.

By signing below, we do hereby agree to the above terms for receiving scholarship funds. **(For this application to be valid, both signatures are required.)**

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

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### **FOR CONFERENCE OFFICE USE ONLY**

Date Application Received \_\_\_\_\_

Acknowledged \_\_\_\_\_

Date of Verified FACTS \_\_\_\_\_

Notes: \_\_\_\_\_

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