

Application for
Kansas-Nebraska Conference
WOODY SCHOLARSHIP



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Topeka, KS 66614

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STUDENT INFORMATION

Student Name _____	College Academic Program _____
Street Address _____	_____
City/State/Zip _____	School where Applicant will enroll _____
Home Phone _____	_____
Cell Phone _____	Year in School _____
Email Address _____	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior

FINANCIAL INFORMATION

Parent's* Name(s) _____

Parents* Adjust Gross Income \$ _____

Federal Income Tax Paid in Most Recent Tax Year \$ _____

Income of Father* \$ _____

Income of Mother* \$ _____

Total Number of Exemptions Claimed _____

Untaxed Income and Benefits (include ADC, etc.) \$ _____

Liquid Assets (cash, savings, bonds, etc.) \$ _____

Medical Expenses Not Paid by Insurance \$ _____

Expected Scholarship Money for Next School Year \$ _____

Expected Earnings From Student Labor \$ _____

Number in family who will be attending an Adventist elementary school _____

Number in family who will be attending an Adventist academy _____

Number in family who will be attending an Adventist college in _____

** Use student's information if student is living independently of parents.*

SCHOLARSHIP AGREEMENT

To maintain scholarship awarded, the following requirements apply.

1. Student agrees to demonstrate financial need.
2. Student agrees to maintain a grade point average of at least a C+ (2.33)
3. Student agrees to maintain employment the total time of attendance at the school. The student agrees to work part-time to help defray education and living expenses.
4. Student agrees to provide evidence of a high moral character and good citizenship by providing three letters of recommendation by non-family members.

Scholarship funds are scheduled to be applied to the student's account at the beginning of each semester (half first semester and half second semester). Failure to comply with the above may result in a loss of scholarship funds. Students and parents/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 my records of grades, labor reports, and financial statements be released by the school to the KS-NE Conference Scholarship Committee.

I certify that, to the best of my knowledge, the financial information provided is correct. I will cooperate with the KS-NE Conference Scholarship Committee in verifying this information or in seeking additional information relating to the application for a scholarship.

I have read the criteria for the Woody Scholarship. I meet each of these criteria and agree to the above terms for receiving scholarship funds. If my application is accepted, I will, to the best of my ability, live in harmony with the principles of the Seventh-day Adventist Church and the guidelines of the school where I attend. I will, through my deportment, work and academic studies, do everything possible to bring honor to God and maintain the ideals of the Woody Scholarship. **(Parent signature not required for students living independently.)**

Signature of Student

Date

Signature of Parent/Guardian

Date

PLEASE INCLUDE A COPY OF YOUR MOST RECENT TRANSCRIPT WITH YOUR APPLICATION

FOR CONFERENCE OFFICE USE ONLY

Date Application Received _____ Acknowledged _____

Notes: _____
