

**ENTRY FORM  
KADPF SCHOLARSHIP PROGRAM**

\_\_\_\_\_ High School Submits

Mr./Ms. (Please print or type) \_\_\_\_\_ as an entrant for the KADPF SCHOLARSHIP PROGRAM. The applicant will graduate this spring and plans to continue his/her education in college.

Name of Parent or Guardian employed as a custodial worker, place of employment and phone number. The KADPF scholarship committee reserves the right to verify employment of the scholarship applicant's parent or guardian.

Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone Number \_\_\_\_\_

**STUDENT'S HOME ADDRESS** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HIGH SCHOOL ADDRESS** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Extension Number \_\_\_\_\_

Principal or Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**COLLEGE OR UNIVERSITY** the student plans to attend (include name of school and address)

First choice \_\_\_\_\_

Second choice \_\_\_\_\_

Note: PLEASE RETURN TO:

KADPF SCHOLASHIP  
USD 466  
RUSTY LINDSAY  
704 S. COLLEGE  
SCOTT CITY, KS 67871  
[rlindsay@usd466.com](mailto:rlindsay@usd466.com)  
Ph 620-872-7655

APPLICANT # \_\_\_\_\_  
(KADPF USE ONLY)

**MUST BE POSTMARKED NO LATER THAN February 15<sup>th</sup>, year of application**

## OBJECTIVE CRITERIA LIST KADPF SCHOLARSHIP PROGRAM

Parts I, II and III of this form are to be completed by the applicant's principal or counselor. Parts IV, V and VI are to be completed by the applicant. These pages, along with the Entry Form, must be returned to KADPF, USD 466, Rusty Lindsay, 704 S. College, Scott City, KS 67871. (Please type or print legibly.)

- I. College entrance examination score (ACT or SAT)  
Note: Please circle the type of examination taken.

ACT composite score or SAT Combined score \_\_\_\_\_

- II. Student's cumulative high school grade point average (GPA) excluding spring semester senior year. \_\_\_\_\_

- III. Please list student's classes for terms indicated.

| (Junior year | Letter<br>) (Grade) | )(Senior 1st Semester | Letter<br>) (Grade) |
|--------------|---------------------|-----------------------|---------------------|
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |
| ( _____ )    | )( _____ )          | )( _____ )            | )( _____ )          |

**NOTE ANY HONORS CLASSES:** \_\_\_\_\_

Principal or Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Objective Criteria List**

IV. Financial Need – In the space provided, please indicate your family’s adjusted gross income from tax return for year prior to application year.

|                            |                            |
|----------------------------|----------------------------|
| _____ under \$15,000       | _____ \$30,000 to \$35,000 |
| _____ \$15,000 to \$20,000 | _____ \$35,000 to \$50,000 |
| _____ \$20,000 to \$25,000 | _____ over \$50,000        |
| _____ \$25,000 to \$30,000 |                            |

Total number of family members living at home \_\_\_\_\_.

Number of dependents in your parents’ family, including yourself:

Children \_\_\_\_\_ Ages \_\_\_\_\_ # Attending College \_\_\_\_\_

Other financial considerations which need to be noted:

\_\_\_\_\_  
\_\_\_\_\_

V. Extracurricular Activities – Organizations and Clubs (Show years of involvement and indicate any office held.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community or Other Activities \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Objective Criteria List**

VI. Work Activities – Are you now currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what type of work and how many hours per week?

\_\_\_\_\_

Describe you other work activities (such as family farm, helping at home, family business, etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the space provided below, please describe in 75 words or less, in your own words and handwriting, why you want to be a recipient of the KADPF Scholarship Program, the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other abilities you have that were not previously mentioned in this form.

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