

KARST MEMORIAL SCHOLARSHIP

Scholarship Application

1. Student's Full Name _____
2. Student's Address _____
3. County _____
4. Date & Place of Birth _____
5. Name of Parents _____
6. Number of Siblings in Applicant's Family _____
7. Siblings Currently enrolled in Post-secondary Education _____
8. High School Graduated From & Date _____

(ATTACH ADDITIONAL SHEET(S) AS NEEDED FOR QUESTIONS 9-11)

9. Awards, Honors, Offices in High School _____

10. Extra Curricular & Community Activities, Honors _____

11. If you are currently or in the past have held a part-time job, please indicate place and average number of hours worked per week. Include time worked in parents' business and/or farm _____

12. College, University or Vocational School you plan to attend _____

13. What major course of study do you intend to pursue? _____

14. Do you expect educational aid from any other source, including parents? Give details. _____

15. Please give a brief description of your education and career plans: _____

Signature of Applicant _____

Date

- ❖ ALONG WITH SCHOLARSHIP APPLICATION PLEASE FURNISH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT AND TWO LETTERS OF REFERENCE (PREFERABLY ONE FROM A TEACHER AND ONE FROM AN EMPLOYER OR COMMUNITY LEADER).

Information and a copy of the application form can be obtained at www.brookingsconservation.org

ALL APPLICATIONS MUST BE POST-MARKED ON OR BEFORE MARCH 31 AND SENT TO:

Joan Kreitlow
Brookings Conservation District
205 Sixth Street
Brookings, SD 57006-1459

Telephone: 605-692-8003 ext. 3