

L. KENT CULBERTSON MEMORIAL SCHOLARSHIP

This scholarship shall be granted for the higher education of a qualified high school graduate who is attending a four year accredited college or university located in the State of Kansas and who is enrolled in the school of **agriculture** or **business**. This scholarship shall be granted only to individuals whose families are residents of Phillips County, Kansas.

Applications for the scholarship should be brought or mailed to Mrs. Culberson, First National Bank & Trust, P.O. Box 627, Phillipsburg, Kansas 67661. Selection will be made by a committee.

A complete grade transcript is required with the application

L. KENT CULBERTSON MEMORIAL SCHOLARSHIP
COUNSELOR OR PRINCIPAL'S APPRAISAL

Name of Applicant _____

Please complete the following:

A. Period of time you have known applicant. _____

B. How well have you known the applicant?

Very Well Fairly Well Limited Contact

C. Number of years you have served in applicant's school. _____

D. **Please rate the student from one to four on the following items. (Four is the highest rating and one is the lowest.)**

1. Based upon the student's ability and capabilities, he/she has made a wise and realistic choice for a post-secondary education. _____
2. Student exhibits a strong commitment to his/her studies. _____
3. His/her course of studies prepared him/her for future educational plans. _____
4. Contributions to school activities. _____
5. Achievement records reflect his/her ability. _____
6. Emotionally capable of coping with his/her post-secondary academic requirements. _____
7. His/her career choice is realistic. _____
8. His/her attitude will be an asset to his/her educational and career plans. _____
9. Your personal expectation of his/her academic success. _____
10. Your personal expectation of his/her career success. _____

E. Unusual circumstances or factors, which you feel warrant special attention:

F. Remarks:

Counselor or Principal

School

L. KENT CULBERTSON MEMORIAL SCHOLARSHIP APPLICATION

Name _____

First

Middle

Last

Home Address _____

Name of High School & Date of Graduation _____

College for which Scholarship is requested & major:

ACT Score _____

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

Parent's Residence _____

List membership and participation in school and community organizations and activities:

Please tell briefly why you believe you can become a more useful citizen by attending additional education:

Please give three references.

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RECOMMENDATION APPRAISAL

How long have you known this applicant and how well?

Please give a brief appraisal of this applicant's capabilities: