



## 2023 SEWARD COUNTY EMPLOYEE SCHOLARSHIP APPLICATION

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Thank you for your interest in the Seward County Employee Scholarship. Seward County will be awarding two (2) \$400 scholarships to full time college students who are the Child or Grandchild of a Seward County employee. The scholarship checks will be made out to the college not the student. If the student decides to attend a different college than what is listed on this application, it is the students' responsibility to inform Seward County by calling **Melinda Baker at 620-626-3212**.

Please read the Scholarship Eligibility and follow the instructions below.

### **ELIGIBILITY**

1. Students must be the child of a Seward County employee or the grandchild of a Seward County employee, planning on attending college full time with a minimum of 12 credit hours.
2. Scholarships are limited to students who:
  - A. are current high school seniors with a current GPA of 2.75 or higher, completing a minimum of 12 credit hours during the upcoming fall semester.
  - or
  - B. are current full-time college students with a current GPA of 2.75 or higher, completing a minimum of 12 credit hours during the upcoming fall semester.

### **INSTRUCTIONS**

1. Fill out the application with Black or Blue ink
2. ENCLOSE A BRIEF HAND WRITTEN ESSAY explaining your goals in your chosen career. Please limit your essay to one 8-1/2 X 11 page.
3. ENCLOSE OFFICIAL HIGH SCHOOL AND/OR COLLEGE TRANSCRIPTS for each school attended. If they are being mailed by the school or college, please note when sending your application.
4. ENCLOSE ONE LETTER OF REFERENCE. The reference should be from a business associate, past employer or teacher.
5. Do not staple or fasten the application to a folder.
6. Sign your application and **submit** it no later than **May 19, 2023 at 5:00pm**

**Submit to  
Melinda Baker  
Seward County Executive Assistant  
515 N. Washington Suite 204  
Liberal, KS 67901**



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PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STREET CITY STATE ZIP

DATE OF BIRTH: \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

COUNTY EMPLOYEE NAME: \_\_\_\_\_ COUNTY DEPARTMENT \_\_\_\_\_

COUNTY EMPLOYEE IS MY:  Parent  Grandparent

PRESENT STATUS:  High School Senior College:  Freshman  Sophomore  Junior  Senior

\_\_\_\_\_ HIGH SCHOOL OR COLLEGE PRESENTLY ATTENDING CITY AND STATE SCHOOL YEAR

\_\_\_\_\_ COLLEGE PLANNING TO ATTEND CITY AND STATE SCHOOL YEAR

LIST ADDITIONAL EDUCATIONAL COURSES OR COLLEGES ATTENDED:

Table with 4 columns: Name of School, Graduation Date, College Hours, Grade Average. Includes three rows of blank lines for data entry.

ACTIVITIES AND HONORS (Include a separate page if necessary)

List participation in school activities: \_\_\_\_\_

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

List participation in community services: \_\_\_\_\_

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

List honors or awards received: \_\_\_\_\_



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I certify that the foregoing statements and enclosures are true and correct to the best of my knowledge.

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SIGNATURE OF APPLICANT

DATE