

ETHEL STARTZMAN MEMORIAL AGRICULTURE SCHOLARSHIP

Return on or before April 1 to:

Pinnacle Bank, P.O. Box 669, Abilene, 67410

K-State Research & Extension – Dickinson County, 712 S. Buckeye, Abilene, 67410

Criteria for this Scholarship:

- 1.) Resident of Dickinson County
- 2.) Agriculture related major
- 3.) Any student graduating from high school this year
or any student attending junior college/college pursuing a four-year degree
- 4.) Previous scholarship recipients are eligible to apply
- 5.) Other judging criteria - academics, leadership involvement, financial need

Remember the trustees need:

- _____ Completed application form with autobiographical sketch
- _____ High School/College Transcript
- _____ 3 Recommendation Forms
- _____ Photograph (for publicity purposes.)

Name

Home Address

City, State, Zip

Date of Birth

College you plan to attend:

Agriculture Degree you will pursue:

REFERENCES

Contact at least three people who can testify as to your eligibility for a scholarship based on need, scholastic ability and character. **DO NOT USE RELATIVES.** Give each of these people one of the attached recommendation forms and ask them to return the completed form to K-State Research and Extension – Dickinson County or Pinnacle Bank.

POSITION

NAME

ADDRESS

Your Banker

Teacher

Other

(Principal, businessperson or former employer)

HONORS - AWARDS - MAJOR ACTIVITIES *(You may attach a sheet with this information on it.)*
High School

Community

OTHER INFORMATION

Parent's Name(s) _____

Name(s) of brothers and sisters and year in school:

FINANCIAL SUMMARY

Estimate costs and resources for the period of your request for an Ethel Startzman Memorial Scholarship

Estimated Budget:

| | | | |
|--|----------|--------------------------|----------|
| Required fees and tuition | \$ _____ | Lunches & travel expense | \$ _____ |
| Books, instructional materials & equipment | \$ _____ | Clothing | \$ _____ |
| Board | \$ _____ | Personal recreation | \$ _____ |
| Room | \$ _____ | Other costs | \$ _____ |
| Other costs | | | |

Total Estimated Budget for the College Year \$ _____

Deduct:

Amount expected to be contributed by parents \$ _____

Amount expected to be earned by the student from job \$ _____

Other sources of support \$ _____

Total support to be deducted \$ _____

Expected Budget Deficiency to be defrayed by Scholarship Grant \$ _____

Do you own a car? Yes No Make _____ Year _____

Will you have this car on campus next year? Yes No

I will receive \$ _____ from sources other than my parents and Ethel Startzman Memorial to defray my expenses.

These sources include: (List college financial aid, relative, etc.)

Describe below any unusual circumstances that the trustees might need to know to better assess your financial need.

Signature _____

PARAGRAPH

Write below a paragraph telling why you are making application for a scholarship and what you hope to do with your college education in the field of agriculture.

RECOMMENDATION FOR ETHEL STARTZMAN SCHOLARSHIP

(To be returned by **April 1** to K-State Research & Extension -Dickinson County, 712 S. Buckeye, Abilene KS 67410 or Pinnacle Bank, P.O. Box 669, Abilene KS 67410.)

NAME OF APPLICANT _____

Please rate the student on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

| | | | | | | | | | |
|-----------------------------------|----------------------|---|---|---|---|---|---|---|--------------------------------------|
| MOTIVATION | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Low | | | | | | | | High |
| CITIZENSHIP | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Uncooperative | | | | | | | | Cooperative, Positive, Follows Rules |
| INITIATIVE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Needs Prodding | | | | | | | | Does More than Assigned |
| CONCERN FOR OTHERS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Little | | | | | | | | Very Concerned |
| LEADERSHIP | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Follower | | | | | | | | Exceptional Leader |
| RESPONSIBILITY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Not very responsible | | | | | | | | Highly Responsible |
| SOCIAL MATURITY | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Immature | | | | | | | | Outstanding |
| PERSONAL APPEARANCE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Not Concerned | | | | | | | | Always Concerned |
| FINANCIAL NEED | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | No Help Needed | | | | | | | | Total Help Needed |
| ESTIMATE OF FUTURE SUCCESS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Low | | | | | | | | High |

Additional Remarks:

In what capacity are you associated with this person?

Signature _____ Position _____

Address _____ Date _____