

ETHEL STARTZMAN MEMORIAL AGRICULTURE SCHOLARSHIP

Revised 2021

Return on or before April 1 to:

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

K-State Research & Extension – Chisholm Trail District, 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 your:

- _____ Completed Application Form with Autobiographical Sketch
- _____ High School/College Transcript*
- _____ 3 Recommendation Forms
- _____ Photograph (for publicity purposes.)

** College Students: Your college registrar will be required to forward a certified copy of each semesters' transcript, setting out your courses, hours and grade credits. The scholarship grant will be disbursed on a semester basis.*

Only degrees in Agriculture are eligible for the scholarships.

Name _____

First

Middle

Last

Home Address _____

City, State, Zip _____

Date of Birth _____

Month

Day

Year

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 characters. **DO NOT USE RELATIVES.** Give each of these people one of the attached enclosed recommendation forms and ask them to return the completed form to Pinnacle Bank or the Extension Office.

POSITION

NAME

ADDRESS

Your Banker

Teacher

Other

(Principal, business owner, or former employer)

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

High School

Community

OTHER INFORMATION

Parent/Guardian Name(s) _____

Name(s) of siblings 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 tuitions \$ _____
Lunches & travel expense \$ _____
Books, instructional materials
& equipment \$ _____
Clothing \$ _____
Room & Board \$ _____
Personal Recreation \$ _____
Other costs \$ _____

Total Estimated Budget for the College Year \$ _____

Deduct:

Amount expected to be contributed by parent/guardian \$ _____

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/guardians 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 were you associated with this person?

Signature _____ Position _____

Address _____

Date _____