2019 Katie Buchanan Gant Scholarship

Overview

- Deadline for scholarship applications is Tuesday, April 30th 2019 (no exceptions).
- Refer to criteria below for eligibility and list of supporting documents needed (i.e., transcript).
- Incomplete applications will not be considered.
- Please type application, illegible applications will be returned to you.
- Final scholarship winner(s) will be announced in May 2019.
- If you have any questions about the application process, please contact Amy Honer at the CGAF (316) 737-8602

Purpose

To create educational opportunities annually to Council Grove High School seniors and alumni students pursing a college degree with preference, but not limited to healthcare, in memory of Katie Buchanan Gant.

Scholarship Award

Amount can vary each year. Previous Katie Buchanan Gant Scholarship recipients may re-apply.

Award Criteria

- Applicant must be a registered, graduating senior at Council Grove Senior High in the spring of 2019 OR a Council Grove High School Alumnus.
- Applicant must be entering a full-time college program or currently enrolled in a full-time college program (12 semester hours)
- Applicant must be pursuant of college degree with preference, but not limited to, a healthcare related field (i.e. radiology, nursing, medical, etc.)
- Applicant must supply all information requested on application (all questions answered and transcript attached.
- Applicants must be a U.S. citizen or permanent resident with a permanent resident ID card or current passport.
- Applicant must provide evidence of enrollment/registration at college of applicant's choice if awarded scholarship.

Application Process

- Complete typed application and drop off or mail by Tuesday, April 30th 2019.
- Mail application to:

  Council Grove Area Foundation
  C/O Katie Buchanan Gant Scholarship
  PO BOX 137
  Council Grove, KS 66846
- Include a copy of an official CGHS or college transcript including cumulative GPA.
- Winner(s) announced in May 2019

2019 Katie Buchanan Gant Scholarship

Full Name : _____

Birthdate : _____ **Phone Number:** _____

Address : _____

_____

Email Address : _____

College Attending in 2019 : _____

List Colleges Attended (if applicable) : _____

Current Year in School : _____ **GPA (4.0 Scale) :** _____

College Major : _____

How many years to you plan to attend college: _____

What means are you using to fund your college education (i.e. student aid, scholarships, student loans, job, etc):

List your academic honors, awards and membership activities while in high and/or college:

List your community service activities, hobbies, volunteer work, jobs, outside interested or extracurricular activities:

What area in the medical field are you interested in (if applicable) and why:

What is your professional goal after college graduation:

What unique circumstances make you an idea scholarship candidate compared to other applicants:

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture and story may be taken and used for any purpose deemed necessary to promote the Katie Buchanan Gant Scholarship Fund.

I hereby understand that if chosen as a scholarship winner, according to the Katie Buchanan Gant Scholarship fund policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature: _____ Date: _____

The deadline for submitting this application is April 30, 2019.

Please attach your transcript.