



KANSAS CRIME STOPPERS ASSOCIATION

COLLEGIATE SCHOLARSHIP APPLICATION

Terms and Conditions

- 1) Must be a graduating senior of an accredited Kansas high school.
- 2) This scholarship will be awarded by April 8, 2023
- 3) This scholarship is non-renewable.

Attachments to Application

- 1) An official high school and if applicable, college transcript.
- 2) A letter of recommendation from a teacher, counselor, local Crime Stoppers member or law enforcement member.
- 3) A recent photograph for possible media use; photo will not be returned.
- 4) An original, personal essay describing your future goals and objective.

Disbursement of Scholarship Funds

- 1) Evidence of full time enrollment (12 hours minimum) at an accredited Kansas institution of post-secondary education for the fall semester of 2023.
- 2) A one-time disbursement of scholarship funds in the amount of \$500 will be paid to the recipient.

Your completed application form and required attachments must be received by **March 3, 2023** and submitted to:

by email to: Jacquelyn Ashcraft, kcsa1987@gmail.com



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PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Date of Birth: _____

EDUCATION

Name of High School: _____

Address: _____

Date of Graduation: _____ GPA: _____

Number of students in graduating class: _____ Your rank: _____

List activities, clubs, and organizations in which you participate or have participated, positions held, and any awards, honors, or special recognitions you have received.



Name of accredited institution: _____

Have you applied for admission? (Circle one) Yes No

Have you been accepted? (Circle one) Yes No

Prospective major course of study: _____

Prospective career/profession: _____

I certify that the information contained in my application and attachments are true and accurate. Furthermore, I understand that my application, attachments, and photograph - once submitted - become the property of Kansas Crime Stoppers Association to use at the discretion of its Board of Directors.

Applicant's Signature: _____ Date: _____