

General Scholarship Application Form

Please attach an additional sheet of paper if more space is needed.

Due Date: March 1st

Students Name:

Address:

Phone Number:

Social Security Number:

Scholarship Desired:

Shay Mog Memorial :include
**500 words or less on your goals
and desires in life**

Return to:

**Craig and Debbie Mog
PO Box 275
Wilson, KS 67490**

Eschbaugh Company

Return to:

**Steve Eschbaugh
2946 205th St**

**PO Box 130 Wilson,
KS 67490**

H & B Communications

Return to:

**Attn: D. J.
108 Main
Holyrood, KS 67450**

Wilson State Bank

Return to:

**Wilson State Bank
Attn: Irv Mitchell
422 26th St
PO Box 129
Wilson, KS 67490**

Area of Career Interest:

First Choice :

Second Choice:

Third Choice:

Choice of Post-High School Institution (in order of preference):

1.

2.

Provide the Following:

1. G.P.A. (End of 7 semesters)

2. Class Rank (End of 7 semesters)

3. ACT Composite Score

Signature of School Official

Awarded Scholarships: (Donor & Amount)

1.

2.

3.

List the extra-curricular activities you participated in during high school and the years you participated in each.

Year(s)	Activity
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If you worked during your high school career; please list the employers, length of time employed, general type of duties performed.

Employer	Dates of employment
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Write a paragraph explaining why you feel you are deserving of receiving a scholarship.

Use this space to give the scholarship committee any additional information, which you feel, will be of benefit to them in making their selection.