Kansas Dairy Commission Warren Winter Memorial Scholarship Application

Legal Name						
Last	First	Middle				
Phone#	_					
Permanent Residence				County		
rei manent kesidence	Street Address	City	State	County Zip Code		
Date of Birth		Social Secu	rity#			
Month Day	Year					
Parent(s) Name(s)		Pho	one#			
Are you a student in:	High school? Ye	•				
	College? Yes/l	No If yes, Expect				
		Minor (if applicable)				
	#of years in College Program #of Completed Credit Hours					
		Anticipated year of college graduation				
		1 ,				
Name of college where se	cholarship is t	to be used				
Please list previous scho School	ols attended, City, S		gh schoo	ol, and their location: Years Attended		
Please list any other scho	_	rded during Amount Award	_	vious year:		
On 3 separate pieces of A) List of School Leader B) Describe Other Leade **Distinguish betwee C) One-Page Essay (Incl D) Two letters of refere	ship Activities ership Activiti en high school ude dairy exp	s and Events* ies and Work and college	Experi			
Student Signature			Date			

Kansas Dairy Commission

Warren Winter Memorial Scholarship

Newspaper Information Request

Newspaper Information

Name of Parents			
Home Town			
Name of Your Cooperative			
Name of Newspaper Address			
City	_State	_Zip	
Optional 2 nd Newspaper Name of Newspaper			
Address			
City	State	_Zip	
I give Kansas Dairy Commis the above named media or c involvement in their scholar	other appropriate pul	•	_
Printed Name	Signature		Date

Kansas Dairy Commission

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Please Type or Print (This form must be received)	ved by us on or before <i>March 1</i>)
You are a reference for:	
Please tell us about this person. Include things leadership. You may include personal stories if yattach an additional sheet of paper if necessary.	you find them applicable. Feel free to
Your NameAddress	
Relationship to Applicant Your Employer and Your Position	
Vour Signature	Data

Kansas Dairy Commission

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Please Type or Print (This form must be re	eceived by us on or before <i>March 1</i>)
You are a reference for:	
	ngs like character, reliability, citizenship and es if you find them applicable. Feel free to attach
Your NameAddress	Phone#
Relationship to ApplicantYour Employer and Your Position	
Your Signature	Date

PLEASE RETURN DIRECTLY TO: Kansas Dairy Commission, Stephanie Eckroat P.O. Box 1530, Hays, KS 67601