

Paul J. & Bertha M. Havel Scholarship Minnie, Ed and Fritz Strecker Scholarship

The purpose of these scholarships is to assist students furthering their education following high school graduation. All applicants meeting the requirements listed below will be considered without regard to age, sex or race. All information received will be kept confidential.

The Scholarship Committee of Trinity United Methodist Church will be responsible for disseminating scholarship information and forms, reviewing all applications and verifying the information submitted. Descendents of the Havel's and the Strecker's will make the final selection.

The Scholarship Committee will be notified of the selection.

SCHOLARSHIP REQUIREMENTS

Applicant must:

1. Be a member of Trinity United Methodist Church, Russell, Kansas.
2. Be active in youth and/or church activities at Trinity United Methodist Church.
3. Have graduated from Russell high school.

INFORMATION REQUIRED

Applicant must submit:

1. Completed Application form along with statement describing educational goals.
2. Copy of High School transcripts and other transcripts as appropriate
3. Recommendation forms from:
 - a. Pastor
 - b. Principal and/or Counselor
 - c. Person(s) of applicant's choice (if reapplying, must be a current reference. See next statement.)

NOTE TO APPLICANT: Each applicant is expected to provide all the 'Information Required' as listed above. Omission of any information will eliminate you being considered for either of these applications.

Paul J. & Bertha M. Havel Scholarship
And
Minnie, Ed, and Fritz Strecker Scholarship

STUDENT APPLICATION

Instructions: Type all items. An additional page may be used if necessary.

Personal:

Name _____
Last
First
Middle Initial

Home Address _____
Street
City
State
Zip
Telephone

Address while at school _____
Street
City
State
Zip
Telephone

Email address _____

Educational:

Name	City, State	Dates of Attendance	Credit Hour or Degree Earned	Overall Cumulative GPA
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HIGH SCHOOL:

COLLEGE/UNIVERSITY (List all attended):

UNIVERSITY/COLLEGE TO WHICH YOU HAVE BEEN ACCETED:

Expected Date of Graduation	Overall Cumulative GPA
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Work Experience: List below the employment you have help starting with the most recent:

Employer/Type of Business	Dates of Employment	Hours/week	Position/Duties
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<hr/>			

Leadership Activities/Social Consciousness: List and briefly describe organizations to which you belong, activities in which you have participates, and your responsibility if an officer, student representative, committee member, volunteer, etc. Include year(s) of involvement.

A. School-related organizations:

B. Other organizations – Church, Community, Civic, personal interest:

C. Other recognized leadership activities (i.e. awards, honors, presentations, etc). State year and nature of honor/award.

Names of Persons Sending Recommendations:

NOTE: If reapplying at least one must be from someone with whom you have associated in the past year.

Pastor _____

Principal and/or Counselor _____

Person(s) of Applicant's choice _____

Financial Need:

1. Do you anticipate receiving financial aid during the next academic year?

_____ Yes _____ No (If yes, list the source and amount.)

2. Describe any special financial circumstances that warrant consideration for this scholarship.

Statement of Future Goals:

On a separate sheet of paper please state your future educational and life goals, and how your education will assist you in meeting your goals.

Statement of Authenticity and Signature:

I certify that the information provided is accurate and authentic.

I grant permission to the educational program I am attending to release my current grade point average.

Signature

Date

Social Security Number

Paul J. & Bertha M. Havel Scholarship
Or
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Recommendation Form

Instructions to Applicant: This form is to be given to the persons you have selected as references. If reapplying, at least one recommendation must be from someone with whom you have associated during the past year.

Instructions to References: Please reply to each of the following questions as completely as possible. In answering any of the question, if you have not been ina position to observe, simply rewpong by writing "not observed" in the space provided. Use an additional page if necessary.

Name of Applicant _____

How long have you known the applicant? _____

In what capacity are/were you associated with the applicant? _____

Please comment on the applicant's abilities in the following areas:

Leadership Qualities:

Character Traits:

Interpersonal Relationship Skills:

Ability to Communicate Effectively (written and oral):

Ability to Organize and Manage:

Signature

Date

Position/Title _____

Address _____

Return to: Scholarship Committee
Trinity United Methodist Church
221 N Maple / P.O. Box 426
Russell, Kansas 67665

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