

*Wayne & Alma Kay Scholarship  
Bucklin United Methodist Church*

*Scholarships are limited to students who are a high school senior or first three years in college with a 2.5 GPA; will complete a minimum of 12 credit hours in college with a 2.5 GPA.*

*Personal Information*

*Cast Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_ *Phone Number:* \_\_\_\_\_

*Cell Phone:* \_\_\_\_\_

*Present Education Status:*

*\_\_\_ High School Senior \_\_\_ 1<sup>st</sup> Year College \_\_\_ 2<sup>nd</sup> Year College \_\_\_ 3<sup>rd</sup> Year College*

\_\_\_\_\_  
*High School or College Presently Attending  
School Year*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*College Planning to Attend  
School Year*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

*List Additional Educational Courses or Colleges Attended*

<i>Name of School</i>	<i>Graduation Date</i>	<i>College Hours</i>	<i>GPA</i>
_____	_____	_____	_____
_____	_____	_____	_____

*List participation in school activities:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*Cist participation in church and community services:*

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*Cist honors and awards received:* \_\_\_\_\_

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*Cist prior employment:* \_\_\_\_\_

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### *Family Information*

*Father's or Guardian's Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Occupation:* \_\_\_\_\_

*Mother's or Guardian's Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Occupation:* \_\_\_\_\_

*Please list the names and ages of all siblings/children:*

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*How many are in college or other Post-Secondary education?* \_\_\_\_\_

*Where do you plan to live while in school? (please check one)*

*Parents*  *Relatives*  *Self*  *Spouse*  *Roommate*  *Dorm*  *Other*

### *Additional Requirements*

- 1. Attach a brief hand written essay explaining your goals and visions for your future.*
- 2. Attach an official High School or College Transcript for each school attended.*
- 3. You will be notified of a time for a personal interview with the selection committee.*
- 4. Your application must be returned by March 22*
- 5. BHS Principal PO Box 8, Bucklin, Kansas 67834*

*I certify that the foregoing statements and attachments are true and correct to the best of my knowledge.*

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*Date*

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*Signature of Applicant*

*Committee members are: Jim Imel, Bucklin UMC Minister, Joan Immell,  
BHS Principal/ Superintendent, Kim Ellis and Sue Kirk.*