



# Wingfield Scholarship Application

A scholarship established for students of all interests with the primary basis of selection being financial need for continuing education. The Wingfields are offering two \$4,000 scholarships to 2018 Cheylin graduates (paid out \$500 per semester; over eight semesters).

*\*All Applications Must Be Typed; Hand-Written Applications Will Not Be Accepted*

**Owen & Phyllis Wingfield; McDonald, Kansas**

*Owen and Phyllis Wingfield have long-term business and farming operations in the McDonald area, and have been very active in community affairs in northwest Kansas.*

## Criteria for Recipients

1. Applicants must be a senior graduating from Cheylin Schools.  
(Foreign Exchange Students are not eligible to apply.)
2. Applicants must be eligible to attend any U.S. accredited post-secondary school.
3. Applicants must have a 2.5 GPA or better throughout high school.
4. Applicants should provide a letter of recommendation from a current or former teacher, or another adult with whom the applicant has studied or worked.
5. Applicant should display strong characteristics in one or more areas including: leadership, community service, extra-curricular school activities or employment.
6. Having met the above listed criteria, the primary basis for awarding scholarships will be student financial need. All applications shall be judged on the merit of the application with regard to the criteria outlined above.

## Personal Information

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female

Parent(s) Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**High School Information**

Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

SAT Score (if known): \_\_\_\_\_ ACT Score (if known): \_\_\_\_\_

**Accredited Post-Secondary School Information**

- I have not made a post-secondary school choice in which I will attend this fall.
- I have applied to; have been accepted and plan to attend:

Accredited Post-Secondary School: \_\_\_\_\_

(Admissions Office) Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Objective**

What are your plans for the future?

**Extra-Curricular Activities**

Organizations and activities you have been involved with throughout High School:

**Community Service**

Projects you have helped with throughout High School that have been community oriented:

**Work History**

Jobs / Employers you have had throughout your High School years:

**Financial Need**

Why are you applying for this scholarship? Describe your financial need.

**Date of Application:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Print Applicant's Name:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_

**Mail application to:** Greater Northwest Kansas Community Foundation  
105 West Bressler, PO Box 593  
Bird City, KS 67731

Any questions regarding this application, please contact Darci Schields at 734-2406 or darci@gnwkc.org.

**Deadline for application: April 12, 2018**

***Applications postmarked after the deadline date will not be considered.***

Scholarship committee recommendations are approved by the Board of Directors of the Greater Northwest Kansas Community Foundation; successful applicant(s) will be announced on Graduation day.



# Wingfield Scholarship

Greater Northwest Kansas Community Foundation  
PO Box 593 Bird City, KS 67731  
TEL 785-734-2406 EMAIL darci@gnwkc.org

Date \_\_\_\_\_ Amount \$4,000 / Per Semester \$500

I, \_\_\_\_\_, hereby accept the Wingfield Scholarship Award from the Greater Northwest Kansas Community Foundation, a Kansas non-profit corporation, subject to the conditions set forth in this Letter of Acceptance.

I understand and agree that this scholarship award is available beginning Fall 2018 semester to be used for eight (8) semesters/blocks of expenses to attend a United States accredited college, university or vocational/technical college. I understand that this scholarship award will be divided and paid out equally over 8 semesters. I understand that this scholarship award will be paid to the college and myself, at the beginning of each semester or course block that I am enrolled in as a full-time student at a college, university or vocational/technical college, and provided I meet the other conditions stated in this Letter of Acceptance.

I understand and agree that by accepting this scholarship award that I will maintain a minimum of a 2.5 cumulative grade point average. In the event my cumulative grade point average drops below the minimum grade point average, I will be placed on probation for one semester. I understand that if placed on probation, I will not receive any of the scholarship awards until I am reinstated. I understand that I may be reinstated if my cumulative grade point average equals or exceeds the minimum grade point average. I understand and agree that I will need to apply to the Greater Northwest Kansas Community Foundation for reinstatement, at which time the previous semester funds will be given to me. Two consecutive semesters of failure to meet the minimum cumulative grade point average will result in forfeiting the remaining scholarship award.

I understand and agree that at the end of each semester I shall present verification of my grades to the Greater Northwest Kansas Community Foundation. **I understand and agree that the scholarship award will terminate if I fail to present proof of my grades, and verification of enrollment for the upcoming semester, to the Greater Northwest Kansas Community Foundation before the next semester begins.** If, for any reason, the institution will delay grades, I understand that I must inform the Greater Northwest Kansas Community Foundation of the delay. I understand that the Greater Northwest Kansas Community Foundation may delay payment of the remaining amount of the scholarship for failure to present proof of meeting the cumulative minimum grade point average requirement.

I understand and agree that it is my responsibility to determine what amount, if any, of the scholarship award is taxable as income, and to report the same under the Internal Revenue Code and any applicable state law.

*I have read and understand this Letter of Acceptance for the Wingfield Scholarship and the conditions contained within, and I agree to comply with these conditions for the duration of this scholarship award.*

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Signature

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Printed Name

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Address

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City, State, Zip

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Social Security Number

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EMAIL