



COL. DELBERT L. TOWNSEND TWO-YEAR SCHOLARSHIP

SELECTION CRITERIA:

ACT Test Composite
Application
Attendance
Citizenship
Essay
Grade Point Average and Rank
Leadership and Participation
Transcript

SELECTION PROCESS:

Scholarship is merit-based. All other qualifications being equal, need will be a consideration. A local selection committee will screen initial applicants. This committee consists of two Decatur Community High School teachers and three community representatives. The DCHS principal and counselor will serve in an advisory capacity only. From the most qualified applicants, three students will be selected for scholarships. Finalists will be announced at the DCHS Awards Assembly in May.

APPLICATION QUALIFICATION, AWARDS, AND RENEWAL:

Minimum requirements: maintain a 3.00 GPA at Decatur Community High School and attend DCHS for at least two years. For renewal, maintain a 2.50 the first year.

This award is for two years and can be used at a community college, vocational or technical school, or two years of a four-year school other than Kansas State University.

Awards: Each scholarship awarded shall be \$1,500.



APPLICATION

Attach
Photo
Here

COL. DELBERT L. TOWNSEND TWO-YEAR SCHOLARSHIP

Name _____ SSN _____

Parents _____

Parents' Occupations: _____

Number of Siblings: _____ Number of Siblings in College: _____

ACT Composite: _____ GPA: _____ Class Rank: _____

Attendance: _____ (Total number of absences through seven semesters)

RECOMMENDATION EVALUATION FORMS: Four required. Two will be completed by school personnel selected by school officials. Two are to be selected by the student from the community sent directly to the school in envelopes provided.

ESSAY REQUIRED: Explain your education and career goals. Limit your response to one double-spaced typed page using MLA format.

ACTIVITY RESUME and **TRANSCRIPT** must be submitted.

Attach a resume (summary of activities), an unofficial transcript, and a wallet-size photograph or senior picture.

**Completed applications are due to Mrs. Breth
by 4:00 p.m. on February 12, 2010.
(Late, handwritten, or incomplete applications will not be accepted.)**

**REFERENCE EVALUATION -- COMMUNITY
COL. DELBERT L. TOWNSEND
KANSAS STATE UNIVERSITY SCHOLARSHIP**

NAME OF APPLICANT _____

NAME OF EVALUATOR _____

How do you know the applicant? _____

Place a check in the appropriate box to rate the applicant in terms of citizenship:

	SUPERIOR	EXCELLENT	AVERAGE	FAIR	POOR
ATTITUDE					
EFFORT					
COOPERATION					
RELIABILITY					
SELF-DISCIPLINE					

REQUIRED: Comment on the applicant's character:

Please sign and date and then return to Mrs. Breth in the envelope provided before February 13, 2009.

Sign _____ Date _____

**REFERENCE EVALUATION -- COMMUNITY
COL. DELBERT L. TOWNSEND
KANSAS STATE UNIVERSITY SCHOLARSHIP**

NAME OF APPLICANT _____

NAME OF EVALUATOR _____

How do you know the applicant? _____

Place a check in the appropriate box to rate the applicant in terms of citizenship:

	SUPERIOR	EXCELLENT	AVERAGE	FAIR	POOR
ATTITUDE					
EFFORT					
COOPERATION					
RELIABILITY					
SELF-DISCIPLINE					

REQUIRED: Comment on the applicant's character:

Please sign and date and then return to Mrs. Breth in the envelope provided before February 13, 2009.

Sign _____ Date _____

**REFERENCE EVALUATION -- TEACHER
COL. DELBERT L. TOWNSEND
KANSAS STATE UNIVERSITY SCHOLARSHIP**

NAME OF APPLICANT _____

NAME OF EVALUATOR _____

How do you know the applicant? _____

Place a check in the appropriate box to rate the applicant in terms of citizenship:

	SUPERIOR	EXCELLENT	AVERAGE	FAIR	POOR
ATTITUDE					
EFFORT					
COOPERATION					
RELIABILITY					
SELF-DISCIPLINE					

REQUIRED: Comment on the applicant's character:

Please sign and date and then return to Mrs. Breth in the envelope provided before February 13, 2009.

Sign _____ Date _____

**REFERENCE EVALUATION -- TEACHER
COL. DELBERT L. TOWNSEND
KANSAS STATE UNIVERSITY SCHOLARSHIP**

NAME OF APPLICANT _____

NAME OF EVALUATOR _____

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