

Sybil Luea Scholarship Application

Name _____

Address _____ Email _____

Parents _____ Phone _____

List the Kansas post-secondary campus you are planning on attending after high school graduation or currently attending.

Check the degree you are planning to achieve.

_____ 4 year bachelor's degree. _____ 2 year associate's degree
_____ <24 month program. _____ <12 month program

List the degree or program you will be working towards. _____

List two persons who you have enclosed their original letters of recommendations.

Name	Title	Address	Phone
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Statement of 500 words or less describing educational goals and future agriculture plans. Attach additional paper if needed.

Please list any other scholarships, grants, etc. that you have been awarded and will be accepting.

Please attach a resume detailing activities and achievements. Please attach a copy of your most recent transcript.

DEADLINE: MARCH 31

