



350 S. Range, Suite 14 Colby, Kansas 67701 (785)460-9152
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Chuck Dempewolf Nursing Scholarship Endowed Fund
Sponsored by Patrick and Sally Toth

PERSONAL INFORMATION

SCHOLARSHIP APPLICATIONS SHOULD BE SENT TO THE TCCF OFFICE
AND POSTMARKED NO LATER THAN **MARCH 10, 2018**

Last Name, Legal First Name MI

Mailing Address

City/State Zip Code County

() _____ () _____
Home Phone Number Other Contact Number

E-Mail Address

Social Security Number Driver's License Number & U.S. State

Parent(s) or Guardian(s) name: Mr. Ms.
 Mr. & Mrs. First Last

Parent Address: _____
Mailing Address City/State Zip Code

Name of hometown newspaper where you wish your news to appear:

Newspaper City/State Zip Code

Please sign below indicating the following: The information provided in this scholarship application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

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Questionnaire

Please answer the following questions as best as you can:

What was your last recorded cumulative GPA? _____
School Grade Level GPA

As an existing CNA, are you pursuing an RN degree? Explain.

Will you be a full-time student for both 2018-2019 semesters? YES NO

Please provide education financing information for your chosen school, or your first choice of school.

School: _____ Expected annual room & board: \$ _____

Expected annual tuition \$ _____ Expected annual cost for
textbooks and supplies: \$ _____

Are you financing your own education? Yes No Partial

If no or partial, who is helping to finance your education? _____

How much of your education are they supporting (percentage or dollar figure)? _____

Other comments, if any:

**Note: This scholarship will be awarded as a reimbursement
to the student after completion of their first year of education.**

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ADDITIONAL INFORMATION

List any volunteer activities in which you have been involved in the last four years. Please include any community and church activities, but do not include school activities or court mandated community service. Be sure to include leadership roles held and # of hours (hours per week/month/year, whichever is most applicable). **Make additional copies of this page if extra space is needed.**

VOLUNTEER ACTIVITIES	FR	SO	JR	SR	TOTAL # YEARS	HOURS PER WK/MO/YR
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ADDITIONAL HONORS, ACHIEVEMENTS AND REWARDING COMMUNITY SERVICE EXPERIENCES

WORK EXPERIENCE (List nature of work, position, dates of employment and average hours/week.)

On a separate sheet of paper please provide a summary of your goals and explain why you think you should be one of the candidates to receive the Chuck Dempewolf Nursing Scholarship Endowed Fund sponsored by Patrick and Sally Toth. Please double-space your lines and limit your paper to approximately 500 words.

Please provide three letters of recommendation with your scholarship application.