



Grant / Scholarship Application

SECTION A. THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

NAME _____
(First) (Last) (Middle) (Nickname)

PERMINANTE ADDRESS: _____
(Number / Street) (City) (State) (Zip Code)

MAILING ADDRESS (If Different) _____

PHONE: () _____ CELL (If Diff): () _____

EMAIL: _____

HIGH SCHOOL CURRENTLY ATTENDING: _____

ADDRESS: _____

SECTION B. ACCOMPLISHMENTS AND ACHEIVEMENTS

Please list all accomplishments, achievements, awards – sports and academics, organizations ect.



SECTION C: COMMUNITY AND VOLUNTEER ACTIVITY

SECTION D: EXPLAIN YOUR GOALS AFTER GRADUATION

SECTION E: EXPLAIN HOW THIS SCHOLARSHIP / GRANT WILL HELP YOU ACHIEVE YOUR GOALS

Please submit the completed application along with the following documents to the address:

- High School Transcript
- Two Letters of Recommendation

High School Counselors Office

Old Town Barber College

1211 E. Douglas

Wichita, Kansas. 67211

816.373.6822

Applicants Signature _____