



Turner Foundation Scholarship Criteria

Purpose: The purpose of this scholarship is to help fund the post-secondary education of a motivated, goal-oriented Turner High School graduate.

Criteria: Students eligible for this scholarship must meet the following criteria:

1. Parent or guardian is a current Turner Foundation Pass Card Patron.
2. Overall grade point average is 3.0 or above **OR** ACT score is 21 or higher **OR** student is in the top 1/3 of his/her class.
3. Plans to attend an area vocational/technical school, two-year, or four-year university/college.
4. Participated in athletic, non-athletic, or community extracurricular activities (such as, but not limited to: KSHSAA sponsored activities, KAYS, NHS, scholars bowl, student council, community service, employment).
5. The scholarship application **MUST** be typewritten.
6. Obtain and attach two recommendations - one from a teacher and the other from a coach/sponsor/manager of choice (such as, but not limited to: PTA officer, employment supervisor, clergy, community service supervisor).
7. Obtain a copy of his/her current transcript from THS Guidance Department and attach it to this application.

Guidelines: Up to a total of \$5,000 in scholarship funds will be awarded to selected applicant(s).

Deadline: Applications must be returned to the THS Counselor's office by April 1.

FOR OFFICE USE ONLY

Date: _____

NUM # _____

TURNER FOUNDATION SCHOLARSHIP APPLICATION

1. Student Information

Full Name: _____
Last First MI

Permanent Address: _____
Street City State Zip

Date of Birth: _____

Male ___ Female ___ Telephone#: _____ Graduation Date:

Personal Email: _____

2. Vocational/College/University Information

School you plan to attend: _____

College Address: _____
Street City State Zip

College Website: _____

Have you been accepted? _____ if no, please explain _____

3. Name and Relationship of Turner Foundation Pass Card Patron:

FOR OFFICE USE ONLY

Date: _____

NUM # _____

2. Applicant Essay

Pick an experience or person from your own life and explain how it, or they, have influenced your development.

FOR OFFICE USE ONLY

Date: _____

NUM # _____

3. Parent/Guardian & Applicant Signatures

I hereby authorize the transfer of this applicant's transcript to the Scholarship Committee, and the completion of this application by the guidance department. I further authorize the review of this application and transcript by the aforementioned Scholarship Committee of The Turner Foundation, for the sole purpose of consideration for this scholarship award. Furthermore, I acknowledge that the information provided herein is true and correct.

Parent/Legal Guardian Signature

Date

Applicant's Signature

Date