

# Robert "Dean" Smith Endowed Technical Training Scholarship

## Scholarship Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Primary/Cell Phone # \_\_\_\_\_

Permanent home address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Schools attended (beginning with High School)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

School where scholarship will be used \_\_\_\_\_

Technical course of study \_\_\_\_\_ Expected date of completion \_\_\_\_\_

Name of relative employed at Stormont Vail and relationship to employee \_\_\_\_\_

### Personal Expenses (Annual)

### Education Expenses Per Semester

Living (Rent, Utilities, Food, Transportation) \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Personal Expenses \$ \_\_\_\_\_ Total Education Expenses \$ \_\_\_\_\_

By my signature below, I certify that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date of Application

Complete and return required documents by December 1 to: Stormont Vail Foundation, 1500 SW 10th Ave., Topeka, KS 66604-1353.

### **Document Checklist**

(Check to ensure you have enclosed the following documents before submission)

- Completed scholarship application form
- Letters of recommendation (at least 2)
- Official high school and technical school transcript

