

## KAAA SCHOLARSHIP INFORMATION

At the February 1, 1995, meeting of the KAAA Board of Directors, the KAAA Scholarship Fund was established, founded by Bob Faust. Memorial and honorary contributions are welcome at any time and may be sent to the KAAA Treasurer. It is the intent of the Board of Directors that the fund be maintained at an endowed level, so that the interest from the fund will provide the scholarship funds. WKAAA was chosen to administer the program and set forth the following criteria and procedures:

**General Information and Directions:** KAAA is offering one \$1,000.00 scholarship annually to a high school graduate. This scholarship may be used for study at any KANSAS university, junior college or vocational/trade school.

### *Criteria -*

1. Recommended by a member of Kansas Agricultural Aviation Association
2. Interested in a career in agricultural, agricultural business, aviation or engineering
3. Has a financial need

### *Procedures -*

1. Write to KAAA Scholarship c/o Brenda Gross, 353 K19 Hwy N, Larned, KS 67550 or call (620) 285-2071 for an application form. A completed application, high school transcript, data sheet and references must be mailed to Brenda at the above address postmarked no later than March 15 for the school year commencing that same year (beginning with the fall semester). Scholarship awards will be determined no later than May 1.

Two reference forms must be submitted to supplement the application form. The applicant should choose two individuals who have known the applicant for at least three years to write these references. Relatives may not be used as references. The reference forms need to be submitted to the address above, postmarked no later than March 15. A data sheet which lists the applicant's work and high school experience should be developed by the applicant and given to the individuals who will be providing references to aid those individuals in writing their letters of recommendation, as well as being included with the application.

2. Scholarship funds will be issued upon evidence of enrollment being submitted to the KAAA Scholarship Committee Chairperson by the recipient. It shall be the responsibility of the scholarship recipient to contact the KAAA Scholarship Committee Chairperson in order to obtain the scholarship funds.

3. Selection of the scholarship recipient will be made by three individuals; a person involved or interested in aviation and/or agriculture; a person from the field of education; and a business person.

4. This is not an automatically renewable scholarship and is not limited to first year college students.



KANSAS AGRICULTURAL AVIATION ASSOCIATION

P O Box 12010  
WICHITA KS 67277-2010  
(316) 617-5680  
(316) 945-2330 FAX

Dear KAAA Scholarship Applicant:

Thank you for your interest in applying for our scholarship.

This is a \$1,000.00 scholarship, available to high school graduates and post high school students, to be used for study at any Kansas university, junior college or vocational/trade school.

Applicants for this scholarship will be considered based on the following criteria:

- Recommended by a member of the Kansas Agricultural Aviation Association
- Interested in a career in agricultural, agricultural business, aviation or engineering
- Show a financial need

We encourage students pursuing any type of college career to apply for this scholarship. Awarding of the funds, however, will be determined by the scholarship committee, and students pursuing the fields listed will be given first priority.

Please refer to the attached Scholarship Information page for explanation of the application and awarding process for this scholarship.

If you have any questions, please feel free to contact Brenda Gross at (620) 285-2071.



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KANSAS AGRICULTURAL AVIATION ASSOCIATION

### SCHOLARSHIP APPLICATION

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

List your choice of college for the coming year. If undecided, list your first three choices of colleges in the order of your preference:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your planned major or course of study? \_\_\_\_\_

Have you been awarded any other scholarships for the coming year? Please list, including the amount.

_____	_____
_____	_____
_____	_____

#### REFERENCES:

List the names and address of two adults who know you well and who have agreed to write recommendations for you. Do not use relatives as references. Please supply them with a copy of page 5.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by \_\_\_\_\_ Date \_\_\_\_\_

KAAA Member's Name

**KAAA SCHOLARSHIP APPLICATION  
FINANCIAL NEED STATEMENT**

How do you plan to pay for your college education? Please mark all that apply

- Student Loans
- Part or full time job
- Parents will provide funds
- Savings
- Other sources

How many family members are there in your home? \_\_\_\_\_

How many children in your family (excluding you) will be attending college in the next school year? \_\_\_\_\_

Please attach a separate sheet telling us about your community involvement, school activities, extra-curricular activities and work history.

\_\_\_\_\_  
Signature of Parent or Guardian

**A copy of your high school transcript should accompany this application.**

Please return all forms to: KAAA Scholarship Committee c/o Brenda Gross  
353 K19 Hwy N, Larned, KS 67550  
(620) 285-2071

**\*\*\* DEADLINE FOR RECEIPT OF APPLICATION IS MARCH 15 \*\*\***

KAAA SCHOLARSHIP  
**STUDENT REFERENCE FORM**

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

**RECOMMENDATION:**

- (check one) \_\_\_\_\_ I recommend this applicant  
                  \_\_\_\_\_ I recommend this applicant with reservation  
                  \_\_\_\_\_ I do not recommend this applicant

**PLEASE EVALUATE STUDENT IN THE FOLLOWING AREAS:** (check choice for each)

	Marginal	Satisfactory	Outstanding
Leadership Ability	_____	_____	_____
Ability to Express Self	_____	_____	_____
Personal Conduct	_____	_____	_____
Motivation	_____	_____	_____
Disciplined Work Habits	_____	_____	_____
Potential for Growth	_____	_____	_____

**ADDITIONAL COMMENTS ABOUT THIS STUDENT WOULD BE APPRECIATED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what capacity have you known this student? \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Please return this form by March 15 to:  
KAAA Scholarship Committee c/o Brenda Gross  
353 K19 Hwy N, Larned, KS 67550  
(620) 285-2071