## **Emporia State University Academic Scholarship Application**

## HEADRICK EDUCATIONAL FUND ACADEMIC SCHOLARSHIP APPLICATION FORM

NOTE: This completed application must be submitted to Emporia State University Scholarship Coordinator's office no later than February 15 prior to the fall term for which financial aid is sought. \*New freshmen and/or Transfer Students must attach a transcript(s). All applicants must provide a printout of your EFC after filling out the FAFSA (www.fafsa.gov). Once the Scholarship Coordinator has received all documents, your application will be processed according to the restrictions stipulated in the Headrick Educational Fund Agreement. Incomplete applications will not be considered.

NAME:	(LAST)	(FIRST)	(MI)	
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PERMANENT ADDR	RESS:			
	(NUMBE	R/STREET)	(P.O. BOX)	
CITY)	(STATE)	(ZIP)		
	(OTTTL)	(211)		
ΓELEPHONE:		College Student ID#:		
EMAIL:				
I am a descenden	t of Richard Byron and Ma	ry Frances Barnett Headric	ek	
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Relationship: High School GPA: College or University	ACT Composite So	core College/U	niversity GPA:	

Educational Experience: (Beginning with High School)					
Name of School/College	Location	Years Attended	Degree/Diploma		
Please respond to the following:  High School and/or college activities, cl	ubs, offices, etc. in which	you have actively p	articipated:		
Community activities in which you have	e actively participated:				
Honors, awards, recognition, etc. received	ed:				
Signature:					
Date:					

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