LORAN AND WILMA PORTER
SCHOLARSHIP FUND

RENEWAL APPLICATION

By completing this application I understand that I can only receive a Porter School Scholarship and NOT a Porter Church Scholarship for this year.

1. Name: _____

   Address: _____

2. Year Graduated From Quinter High School: _____

3. I am presently enrolled and I am a student in good standing at: _____

4. My Accumulative Grade Point Average is _____ for _____ Semesters.

5. I will continue in the future to maintain full academic load.

6. I am making satisfactory progress toward my degree.

_____ _____

STUDENT DATE

I have reviewed the above stated information and find it to be accurate to the best of my ability.

_____

ACADEMIC ADVISOR

Address:

Phone Number:

Please include a college transcript (unofficial is okay) with this form.
This form must be returned before April 15 to be eligible for renewal.

Return to:

Counselor
Quinter High School
600 Long St.
Quinter, KS 67752

Electronic version at www.quinterschools.org under Resources->Students->Local Scholarships.