

TERESA E. CUSTER MEMORIAL SCHOLARSHIP

DAUGHTER OF LONNIE AND KATHY CUSTER

RENEWABLE APPLICATION

Applicant's Name: _____ Date: _____

Address: _____

Phone Number: _____ Email Address: _____

Father's Name: _____ Mother's Name: _____

Year Graduated from Quinter High School _____

I am presently enrolled at _____

How many hours are you enrolled in college _____ Current GPA _____

What year are you in college? _____ What degree you are pursuing? _____

By signing below, I certify that the above information is true and truthful. I contend that I am making satisfactory progress toward my degree. I understand that I have to be enrolled in 15 college credit hours and maintain a 3.00GPA.

Student Signature

Date

*Please attach a transcript for proof of GPA and 15 college credit hours for **both** Fall and Spring Semesters. Please return by June 1 to Evone Waggoner USD 293 PO BOX 540 Quinter Kansas, 67752

Academic Advisor Information

Name: _____

Phone Number: _____ email _____

Advisor Signature

Date