

COUNTY WEED DIRECTORS ASSOCIATION OF KANSAS
Scholarship Program
for
Weed Directors & Employee's Sons or Daughters

RULES

- ❖ Deadline February 1, end of work day, at our office by mail, e-mail or fax. No exceptions.
- ❖ County Weed Departments must be in good standing with their districts for children to be eligible.
- ❖ The employee must be employed full time by a County Weed Department at the time of their child's application and up to conference; unless you are summer help and you are applying.
- ❖ If a student is in good standing and is going to further their education, they may reapply for his or her 2nd and 3rd year of schooling in the relative scholarship; however, 1st year applicants will be chosen first.
- ❖ Each year the amount may fluctuate depending on funds raised and number of applicants.
- ❖ If a student is eligible to be in both the Ag and the relative scholarship, he or she could receive both scholarships. The relative scholarship is almost assured some money, while the agriculture side will be competitive for the scholarship.
- ❖ A copy of the student's high school transcript or GED, or proof of enrollment for 2 and 3 year students must also be submitted. The relative scholarship can be used for any type of education.
- ❖ The Relative Scholarship can be used for any type of education, BUT you must be a high school senior or graduate to apply.
- ❖ Online students and traditional students **must** be a full time student with **12 Hours minimum**.
- ❖ Scholarship moneys will not be awarded until Fall semester & proof of enrollment from your college.
- ❖ This scholarship is not meant for post graduate degrees.
- ❖ All applications sent to us must be able to be printed on an 8 ½" x 11" sheet of paper and legible.
- ❖ Verification of enrollment - Checks will not be sent until proof of full time enrollment has been received and must show school name, name of scholarship winner, and full time status (12 hrs).
Screenshots are fine, most use their class schedule.

Form Current as of December 21, 2022

PERSONAL INFORMATION

Name _____
(First Name) (Middle Name) (Last Name)

Address _____ City/State/Zip _____

County _____ Age _____

Home phone _____ Cell phone _____ E-mail _____

Whom are you related to that is employed by a County Weed Department _____

Working in what capacity _____ in the County of _____

How are you related _____

What type of education are you seeking _____

School you plan to attend _____

Please be sure to attach high school transcripts to this completed application and return to:
Mixie Schafer, Chairman of Scholarship Committee 1400 Community Dr. Seneca, KS 66538
Questions: (785) 336-2429 Fax: (785) 336-3435 Email: nmcoweeds@rainbowtel.net