



**KANSAS LUMBER DEALERS  
SCHOLARSHIP APPLICATION  
Deadline: March 16, 2018**

**FOR OFFICE USE ONLY:**  
Application No. \_\_\_\_\_  
Date Received \_\_\_\_\_

**ELIGIBILITY REQUIREMENT:** Must be an employee or the child of owner or employee of an MLA Member lumberyard in Kansas or sponsored by the owner or manager of an MLA Member lumberyard located in Kansas and have a desire to work in the independent retail lumber industry. A GPA of 3.25 or better is required.

**A. FINANCIAL INFORMATION:**

1. How much can you contribute to your education per year? \_\_\_\_\_
2. How much is your family able to contribute per year? \_\_\_\_\_
3. Are you currently employed \_\_\_yes \_\_\_no If yes, where? \_\_\_\_\_
4. Do you plan to be employed while in school? \_\_\_yes \_\_\_no If yes, where? \_\_\_\_\_

Please complete the estimated budget below on the basis of cost per year.

**EXPENSES PER YEAR**

**REVENUE PER YEAR**

Tuition and Fees: \_\_\_\_\_  
 Books and Supplies: \_\_\_\_\_  
 Room/Rent: \_\_\_\_\_  
 Board/Meals: \_\_\_\_\_  
 Total Expenses per Year: \_\_\_\_\_

Savings/Assets: \_\_\_\_\_  
 Money from Others: \_\_\_\_\_  
 Part-Time Job: \_\_\_\_\_  
 Scholarship, Grants, etc.: \_\_\_\_\_  
 Total Revenue per Year: \_\_\_\_\_

Please list all other scholarships, awards, loans, grants or financial aid you have been granted for the upcoming school year. If none, write, "NONE."

Name of Scholarship/Award/Financial Aid	Value
_____	_____
_____	_____
_____	_____
_____	_____

**B. EXPERIENCE AND INVOLVEMENT**

List your employment and/or work experience.

Company	Phone Number	Length of Employment	Supervisor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



In the space provided below, summarize your vision of the future of the independent retail lumber industry and how you can and will play a part in that future.

---

---

---

---

---

---

---

---

**C. COUNSELOR OR ADVISOR**

This is to certify that (student name): \_\_\_\_\_  
Ranks \_\_\_\_\_ out of \_\_\_\_\_ students in class on (date): \_\_\_\_\_  
Has a cumulative GPA of \_\_\_\_\_ on a 4.00/11.00 point grading scale.  
Has a composite ACT/SAT score of \_\_\_\_\_.

Please include any information that you feel might be of assistance to the selection committee in the space below.

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
High School Counselor's or College Advisor's Signature

**D. PERSONAL INFORMATION - ALL APPLICANTS MUST SUPPLY A RECENT PHOTOGRAPH WITH THIS APPLICATION!**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Applicant's Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Marital Status: \_\_\_\_\_

Where do you plan to attend, or are you currently attending college? \_\_\_\_\_

Have you applied for admission? YES NO Have you been accepted? YES NO (If yes, please include a copy of letter)

What course of study do you plan, or are you currently pursuing? \_\_\_\_\_

If applicable, please attach current post-secondary transcript.

***ALL APPLICANTS MUST SUPPLY A RECENT PHOTOGRAPH WITH THIS APPLICATION!***

**E. ATTENTION: OWNER/MANAGER**

Please attach a letter of recommendation for the student you are sponsoring, include any information that you feel would be of value to the selection committee:

Owner's/Manager's Signature: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**PLEASE RETURN BY MARCH 16, 2018 TO:**



**Kansas Lumber Dealer Scholarship Committee  
C/O Mid-America Lumbermen's Association  
P.O. Box 419264  
Kansas City, MO 64141-6264  
PH: 816-561-5323; FX: 816-561-1249**

***Incomplete applications or those without a photo of applicant will not be considered for scholarship award.***