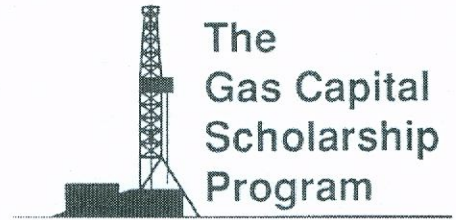


SCHOLARSHIP APPLICATION

GAS CAPITAL SCHOLARSHIP PROGRAM
630 S. Main Hugoton, Kansas 67951
(620)544-4305



Name _____ Date _____

Address _____

City/ST/Zip _____

Phone _____

Name of Parents or Guardian _____

Address _____

City/ST/Zip _____

Phone _____

This Section to be completed by School Official

School _____

Candidate's class rank _____ out of _____ students. ACT Test Score _____

Current Cumulative Grade Point Average (GPA) _____

Signature of School Official, Counselor, Principal or Dean

Phone # _____

Official Transcripts need to be provided by High School or College. These need to be mailed directly to:

Gas Capital Scholarship Committee
630 South Main
Hugoton, Kansas 67951

I hereby acknowledge the information submitted in this application is true and correct and grant permission to obtain my high school/college transcript.

Signature of Applicant

Mail Application and other Required Documentation (*Resume and *Reference Letter) to:

Gas Capital Scholarship Committee
630 South Main
Hugoton, Kansas 67951

**Deadline Feb. 15th*