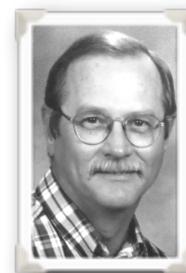


Keith Hoffman Memorial Scholarship

Keith served his country in the United States Marines Corps during the Vietnam War and then as the Dickinson County Attorney for fifteen years. He spent an additional fourteen years in private law practice. When not working, Keith was an avid fisherman and loved sports. He was named to the Chapman Sports Hall of Fame and coached the Solomon High School Gorillas' Girls' Basketball Team. This scholarship is to give tribute to the principles Keith promoted by working hard towards achievement in the classroom, on the field, and for one's country.



Scholarship Overview:

The scholarship consists of one \$500 award for a graduating senior of any high school in Dickinson County, Kansas. The scholarship winner will be selected by family of Keith Hoffman, and the award may be publicized in Dickinson County newspapers and in the winner's high school's graduation program.

The money will be dispensed by August of the same year the scholarship is awarded. The check will be made out to the student and the college.

Any accredited college, university or vocational school in the State of Kansas is considered a valid institution for the disbursement of scholarship funds.

Scholarship Requirements:

1. Applicant must be a current graduating senior of any high school in Dickinson County, Kansas and plan to attend a post-secondary institution in the State of Kansas.
2. Applicant must have earned a minimum of a 3.0 accumulated GPA, validated by the school.
3. Applicant must have earned a varsity letter in any competitive sport.
4. The following information must be included for your application to be considered:
 - (a) The completed cover sheet.
 - (b) An essay about the area of study you plan to pursue, your college and career goals and why you feel you are in financial need of this scholarship in order to attain a college education.
 - (c) A copy of a seven semester high school transcript.

(d) Attach a resume that includes (but does not need to be limited to) a list of individual honors, school, community and church activities, work and/or community service.

(e) Three recommendations (using the attached form) need to be mailed directly to Jon Gose from the person you ask to write it. These recommendations must be from adults who are not relatives. One must be from a high school teacher whose class(es) you took. You are to supply these three adults with a stamped envelope addressed to Jon Gose (see address below).

5. If the applicant decides to drop out of school at any time during the first semester of college, s/he must repay the Keith Hoffman Memorial Scholarship for the full amount s/he received.

Submit all required information to the following address by **April 15th:**

Jon Gose
Attn. Hoffman Memorial Scholarship
821 NW 3rd Street
Abilene, KS 67410

Keith Hoffman Memorial Scholarship

Application Cover Page

Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Email (If you check it regularly): _____

Mother's Name: _____

Mother's Occupation: _____

Father's Name: _____

Father's Occupation: _____

Name and Address of the accredited college, university or vocational school in the state of Kansas you plan to attend:

Major or Field of Study you plan to pursue:

Three people from whom we should receive your recommendations:

1. _____ phone: _____

2. _____ phone: _____

3. _____ phone: _____

Keith Hoffman Memorial Scholarship

Recommendation

Applicant's Name: _____

The above named student has applied for the Keith Hoffman Memorial Scholarship. To help us choose a recipient, please supply the following information in the space provided or on an attached sheet. This must be postmarked by **April 15th** in order for the applicant to be considered (the applicant should have given you a stamped and addressed envelope).

How long have you known the student and in what capacity are you associated with the student?

This scholarship is intended for a student-athlete who is planning to attend a post-secondary institution in the State of Kansas. Why is this student deserving of this scholarship?

Your Name (printed): _____

Occupation: _____ Phone Number: _____

Signature: _____ Date: _____

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