

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

**RULES**

- ❖ Deadline February 1, end of workday, at our office by mail, e-mail or fax. No exceptions.
- ❖ County Weed Departments must be in good standings 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 standings and is going to further their education, they may reapply for his or her 2<sup>nd</sup> year of schooling in the relative scholarship; however, 1<sup>st</sup> 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 related 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, and proof of enrollment, for 2<sup>nd</sup> year students must also submit proof of enrollment. The relative scholarship can be used for any type of education.
- ❖ Online students and traditional students **must** be a full-time student with **12 Hours minimum.**
- ❖ Scholarship money **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 hours).** Screenshots are fine, most use their class schedule.

**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? \_\_\_\_\_

What college are you planning to attend? \_\_\_\_\_

Please be sure to attach your high school transcripts to this completed application and return to:  
Josh Housman, Chairman of Scholarship Committee, PO Box 185, Marion, KS 66861  
Questions (620) 382-3190 Fax: (620) 382-3188 Email: [jhousman@marioncoks.net](mailto:jhousman@marioncoks.net)