

**Community Foundation of Southwest Kansas**  
**Juanita Abell Pyle Scholarship**

Please type or print

Student Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

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

Street Address \_\_\_\_\_

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

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Name of Educational Institution in which enrollment is planned

*Release of Academic Information Consent Form*

I, \_\_\_\_\_, a student attending classes at

Student Name

\_\_\_\_\_ hereby authorize the release of my

Name of College

educational records to the Community Foundation of Southwest Kansas.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Mail applications to CFSK, PO Box 1313, Dodge City, KS 67801 postmarked no later than **JULY 31, 2008**. If applying for the first time this must include an **official copy** of the student's high school transcript. All applicants must provide proof of enrollment prior to **EACH SEMESTER** in order for funds to be distributed.