



Mary Lea Johanning Scholarship

2020- 2021 Scholarship Application Form for Women attending a Kansas College

Have you been accepted at a Kansas College for the 2020-2021 academic year? _____

1. Name _____
Last First Middle
2. Present address: _____
Street City Postal Code Telephone
3. Permanent address: _____
4. Email address: _____
5. Date of Birth: _____ Social Security# _____
6. Indicate your present class: 1st 2nd 3rd 4th
7. Major field of study (If decided): _____
8. Minor field of study(If decided): _____

9. a. When do you expect to receive your undergraduate degree? _____
Month Year
b. When do you expect to receive your graduate degree: _____
(If appropriate) Month Year
c. When do you expect to begin your thesis/dissertation? _____
(if appropriate) Month Year

References: Three recommendation forms (particularly from academic sources) are required. Please list the names of those individuals, academics and/or employers, you have asked to complete and send recommendation forms directly to the Foundation:

(1) _____
Name Telephone Number and/or email

(2) _____
Name Telephone Number and/or email

(3) _____
Name Telephone Number and/or email

Essay: On a separate sheet of paper, describe in 200 words your reason for selecting your Kansas college and how living in a small town has prepared or not prepared you for this college experience. Please include what you are looking forward to in your college experience.

Date: _____ Signature of Student: _____

All correspondence should be addressed to:
Mary Lea Johanning Scholarship
1704 North 2nd
Atchison, Kansas
913-367-0622

Application packages are due
May 8, 2020
Only completed applications will be considered.



Mary Lea Johanning Scholarship

Recommendation Form

This form must be received by **May 8, 2020** and sent directly to: Mary Lea Scholarship
1704 North 2nd, Atchison Kansas or left with the Atchison High School counselors.

Please Print or Type

Nominee's Name _____
Last First Middle

I hereby waive the right to review the recommendation form after its completion.

Date _____ Applicant's Signature _____

Please evaluate this student (compared to all students you have taught) by checking the appropriate box below:

Scholarship
 Good (Upper 25%) Excellent (Upper 15%) Superior (Upper 5%)

Application (initiative, enthusiasm for work, degree of application)
 Good (Upper 25%) Excellent (Upper 15%) Superior (Upper 5%)

Leadership (ability to inspire, win cooperation, act wisely in dealings with others, etc.)
 Good (Upper 25%) Excellent (Upper 15%) Superior (Upper 5%)

Please give your general appraisal of the candidate. In addition to your estimate of his/her intellectual capacity, evaluate his/her leadership potential insofar as possible. Please continue your appraisal on a separate sheet of paper.

Name _____ Title _____

School and Department _____

Address _____
Street City Postal Code

Telephone _____ Fax _____

Email Address: _____

Date _____ Evaluator's Signature _____

THIS FORM MAY BE DUPLICATED – Please note that three (3) recommendation forms are required to constitute a complete application scholarship.