

**Osawatomie High School  
GOVERNING BODY OF  
OSAWATOMIE SCHOLARSHIP**

Name \_\_\_\_\_ Date \_\_\_\_\_

School or Program you plan to attend in the fall  
\_\_\_\_\_

Intended Area of Study \_\_\_\_\_

Fall Semester Attendance Percentage \_\_\_\_\_

Have you ever been employed or volunteered for the City of  
Osawatomie? \_\_\_\_\_

If so, in what capacity? (Job title and responsibilities or  
responsibilities as a volunteer.)

Briefly describe why you would be a deserving recipient of the  
Governing Body of Osawatomie Scholarship.

Please attach a copy of your **TRANSCRIPT**