**COWLEY COLLEGE**  
**EDUCATOR APPRECIATION SCHOLARSHIP PROGRAM**

A program that awards educators up to a 3 credit hour tuition-only scholarship per semester.

I would like to enroll at Cowley College as part of the Educator Appreciation Scholarship Program for the following semester:  □ FALL  □ SPRING  □ SUMMER in the 20__-20__ Academic Year

I am participating as:  □ USD SCHOOL EMPLOYEE--School Name __________________________ USD#__________  
□ COWLEY COLLEGE ADJUNCT INSTRUCTOR  
□ COWLEY COLLEGE PART-TIME EMPLOYEE/STAFF

Please complete the following enrollment information:

LAST NAME_________________________ FIRST NAME_________________________ MIDDLE NAME_________________________

S.S. # or Cowley ID # __ __ __ __ __ __ __ __ __ __ __ __ __ __ Date of Birth – Mo. ______ Day ______ Year ______

Email_________________________________________ Phone __________________________ Alternate phone _______________

Street Address_________________________________ City___________________________ State__________ Zip__________

Are you a Kansas resident?  □ Yes  □ No  Date Kansas residency began________________________ Legal County of residence________________________

Have you taken previous coursework at Cowley College?  □ YES  □ NO

□ Male  Race:  Asian____ American Indian____ Black____
□ Female  White_____ Hispanic_____ Non-resident Alien____

COURSE INFORMATION: PLEASE LIST THE COURSE(s) YOU WOULD LIKE TO BE ENROLLED IN.  
(Only 3 credits can apply to this scholarship, however, you are entitled to enroll in more credits at your own expense.)

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<tr>
<th>Dept. Code</th>
<th>Course Number</th>
<th>Section Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
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For USD Employees:  
TO BE COMPLETED BY THE SCHOOL ADMINISTRATOR

I certify that the above named individual is an employee of School District #______ in __________________, Kansas.

Signature of School Administrator_________________________ Date________________________

For Cowley College Adjunct Instructors or Part-time Cowley College Employees:

I certify that I taught/teach for Cowley College in the previous or current semester or that I am currently employed as a part-time employee.

Signature_________________________ Date________________________

Return completed form to:

Janice Stover, Cowley College, P.O. Box 1147, Arkansas City, KS 67005
Submit questions to Janice Stover at (620) 441-5247 or via e-mail to stover@cowley.edu

For Office Use Only:

Amount Awarded__________

Date____  Initials_______