

**KANSAS FEDERATION OF
WOMEN'S DEMOCRATIC CLUBS**

**Robert B. Docking
Memorial Scholarship**

Applicant's Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: () ____ - _____

Age: _____ Marital Status: _____ Number of Dependents: _____

Are you currently employed? No Yes If Yes, Part-time Full-time

EDUCATIONAL INSTITUTION IN WHICH ENROLLMENT IS DESIRED

Name of Kansas Institution: _____

City: _____

Course of Study: _____ Degree Sought: _____

Expected date of completion: _____

Amount of tuition/fees for the Fall Semester \$ _____ Payment Date: _____

Enrolled in _____ number of credit hours Date term begins: _____

EDUCATIONAL INSTITUTION APPLICANT IS NOW ATTENDING

Name of Institution: _____ City: _____

Are you enrolled: part-time full-time Major/type of training: _____ GPA: _____

Current academic classification:

High School Senior College Freshman College Sophomore College Junior

College Senior Graduate Student Other: _____

Honors Received:

Civic and Community Activities:

List the political groups/ campaigns in which you are or have participated (specify nature and dates):

Why are you a Democrat? What do you like about the Democratic Party?

What goals do you think the Democratic Part in Kansas should have?

If you were given the opportunity what changes would you make in the Democratic Party?

How can the Kansas Democratic Party have the greatest and the most positive effect upon the economy of the state?

Signature of Applicant: _____

Date: _____

Eligibility Requirements- Applicant's must:

- 1) be a Kansas Resident
- 2) be a registered Democrat
- 3) attend a Kansas Educational institution (including vocational and trade schools) in the fall
- 4) meet the application deadline (MUST BE POSTMARKED no later than APRIL 15th)

If the applicant has not attained age 18 by the date of application, a declaration of intention to become a registered Democrat may be completed.

Application Instructions:

- 1) Application is to be completed by applicant
- 2) Please type or print clearly
- 3) If there is not enough room to answer the question on page two please attach separate neatly typed page.
- 4) Attach the following to the completed application form:
 - a. Letters of recommendation from **TWO** Kansas Democrats who will attest to your support and involvement in the Democratic Party, Young/ Collegiate Democrat activities as well as confirm your need for financial assistance; i.e., county chair, candidate or elected official in whose campaign you assisted, or an officer in your local KFWDC Club. At least one recommendation must come from your county chair or an officer in your local county KFWDC club.
 - b. A biographical statement, including educational background, financial need, as well as pertinent information about your past and present efforts on behalf of Kansas democrats and your political and career aspirations.
- 5) Applications that do not meet the above stated requirements will not be considered. Also, applicants that do not have the attached letter of recommendation and biographical statement will not be considered.
- 6) Send completed application with attachments to:**

Carolyn Elmore, Scholarship Committee Chair
Kansas Federation of Democratic Women
1373 North Maple
McPherson, KS 67460