

**IOWA TRIBE OF KANSAS AND NEBRASKA (ITKN)  
LYNN ROUBIDOUX SCHOLARSHIP  
AWARD APPLICATION**

NAME

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ADDRESS

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PARENTS' NAME(S)

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PARENTS' OCCUPATION

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HIGH SCHOOL ATTENDING AND PHONE NUMBER

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COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND

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PHONE NUMBER FOR COLLEGE FINANCIAL AID OFFICE

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YOUR COLLEGE ID NUMBER (IF AVAILABLE)

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ITKN TRIBAL ID NUMBER

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HOME PHONE NUMBER

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**NATURE OF AWARDS**

Final Date for filing: April 15<sup>th</sup> of the Senior Year

One (1) gift award of \$3,000 will be given to each worthy senior as available funds allow.

After award, scholarship recipients will provide a community service to the tribe, a tribal elder, or the community as approved by the Executive Committee within 12 months of the receipt of scholarship. Please prepare how you would like to be of service to the Tribe. Contact the Tribal Administrator at (785) 595-3258 to share community service ideas and proposals.

**PURPOSE**

To provide assistance to worthy ITKN graduating Seniors who, following graduation, plan to attend accredited schools of the following types:

1. Universities or colleges or higher education
2. Vocational or trade schools
3. Commercial schools
4. Technical schools
5. Nursing schools

**PLEASE ATTACH:**

1. A copy of your high school transcript
2. A list of your extracurricular activities including but not limited to:
  - a. School activities and any offices held
  - b. Church and community activities
  - c. Volunteer activities and organizations served
3. A letter of 300 words or less about yourself, your attitudes, your plans and goals for college and the future
4. A photo of the student that can be shared with the Executive Committee and in award announcements

**AWARD PROCESS**

Awards are to be paid to the school selected by the winning applications upon completion of registration

Applications should be postmarked by or before April 15<sup>th</sup> to be eligible. Send completed applications to:

Iowa Tribe of Kansas & Nebraska  
3345 B Thrasher Rd  
White Cloud, KS 66094

**SIGNATURES- COMPLETION OF THIS SECTION MUST BE WITNESS AND SIGNED BY A NOTARY OF THE PUBLIC**

I affirm that the information provided in this application is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive the Lynn Roubidoux Scholarship Award.

Student Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_  
County of \_\_\_\_\_

This record was acknowledged before me on \_\_\_\_\_ (date) by  
\_\_\_\_\_ (name of individual).

\_\_\_\_\_  
Signature of Notary

Title of Office:

My Commission Expires: