



**WET WALNUT CREEK WATERSHED JOINT DISTRICT #58 SCHOLARSHIP
AND
STATE ASSOCIATION OF KANSAS WATERSHED SCHOLARSHIP**

Applicant's Name _____ Date _____

Parent (s) _____ Phone _____

Mailing Address _____

Email _____

Class Rank _____ No. in Class _____ Grade Point Average _____
(7 Semesters)

High school you attend _____

List of scholastic honors you have received

List your activities in school

List your activities out of school

List positions of leadership in and out of school

College major or area of training _____

[illegible]

(Date)

RETURN TO: WET WALNUT CREEK WATERSHED
PO BOX 207
300 WEST HWY 4
LACROSSE KS 67548

OR EMAIL TO: kcorsair@gbta.net

BY: FEBRUARY 11, 2026

A LETTER OF RECOMMENDATION FROM YOUR SCHOOL COUNSELOR WOULD BE BENEFICIAL