



Scholarship Application

Please print or type application

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Social Security No: _____ Date of Birth: _____

Membership No: _____ Years as a KHSRA Member: _____ Graves County? yes no

Events worked: _____

Total size of household: _____ Number in College: _____

Organizational Memberships: _____

School clubs, Community involvement: _____

Career goals and WHY: _____

Educational requirements needed for your goals: _____

Will you receive financial aid or other scholarships: yes no If yes, indicate type and amount:

Bring this application AND your grade transcript to the rodeo, do not mail.

