



# 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.

