

LOCAL SCHOLARSHIP APPLICATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____

Parent or Guardian: _____

Intended College: _____

College Major: _____

School & Community Activities:

Work Experience:

State Reason For Seeking Scholarship:

The above information and a copy of the student's transcript of grades will be released to any local individual, group, or agency who are granting scholarships or financial aid to graduates of Kenton High School. If additional information is desired, the group may contact the guidance counselors.

Any additional information that you feel would be helpful in assessing your qualifications may be attached to this form or added on the back.

Student Signature

Parent or Guardian Signature