



**Official KHSCA Scholarship Application Form**  
**Due Date March 1<sup>st</sup>**

Name: \_\_\_\_\_

Permanent Address (street address, city, state, zip): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of parent(s)/guardian(s): \_\_\_\_\_

In which school does he/she teach/coach? \_\_\_\_\_

Is parent or guardian a lifetime member of the KHSCA? (Circle One)    Yes    No

**School Data:**

High school attending: \_\_\_\_\_

GPA: \_\_\_\_\_ out of \_\_\_\_\_

Class Rank \_\_\_\_\_ out of \_\_\_\_\_

ACT Score \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS FORM AND 4 COPIES PLUS ORIGINAL OF ALL REQUESTED SCHOLARSHIP MATERIAL TO:**

Jimmie Reed, KHSCA Scholarship Application  
149 Maywood Avenue, Bardstown, KY 40004