

**KENTUCKY CLAIMS ASSOCIATION
2019 SCHOLARSHIP APPLICATION
ONE APPLICATION PER CHILD ONLY**

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ Social Security Number: _____

High School Graduated From: _____

High School Address: _____

City: _____ State: _____ Zip: _____

Date Graduated: Month _____ Year: _____

University, College or Vocational School to be attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Anticipated Major: _____

KCA Member Information/Parent or Guardian of Applicant:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Work) _____ (Home) _____

Member employed by: _____

Work address: _____

City: _____ State: _____ Zip: _____

Local Claims Association: _____

By signing this document the Applicant and his/her Parent/Guardian acknowledge that the scholarship amount will be determined by the Kentucky Claims Association and that any scholarship payment will be made to the school or university that the applicant will be attending.

Signature of Applicant

Signature of Parents/Guardian/Members

Date: _____

Date: _____

I, _____ Secretary of the _____

_____ Claims Association hereby certify that the above listed Parents/Guardians is a member in good standing in their local claims association and meets the required criteria set forth by the Kentucky Claims Association and is qualified to make application for this scholarship.

Signature of Secretary

Date