



BLUEGRASS CLAIMS ASSOCIATION 2020 COLLEGE SCHOLARSHIP APPLICATION

Eligible: Members in good standing and children of members in good standing

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Work) _____ (Home) _____

Date of Birth: _____ Social Security Number: _____

University, College or Vocational School to be attended: _____

Address: _____

City: _____ State: _____ Zip: _____

Anticipated Major: _____

BGCA Member Information/Parent or Guardian of Applicant *(only fill out if applicant is a child of a member)*

Name: _____

Telephone: (Work) _____ (Home) _____

Member employed by: _____

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

Signature of Applicant _____ Date: _____

Signature of Parents/Guardian Members _____

Date: _____