

KENTUCKY CLAIMS ASSOCIATION 2020 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