KENTUCKY CLAIMS ASSOCIATION

2022 SCHOLARSHIP APPLICATION ONE APPLICATION PER CHILD ONLY

Name of Applicant:			
Address:			
		Zip:	
Telephone: (Work)	(Home)		
Date of Birth:			
High School Address:			
City:	State:	Zip:	
Date Graduated: Month	Year:_		
		Zip:	
Anticipated Major:			
KCA Member Information/Pare	nt or Guardian of Applicant:	:	
Name:			
Address:			
		Zip:	
Telephone: (Work)	(Home)		
Member employed by:			
		Zip:	
Local Claims Association:			
amount will be determined by t made to the school or universit	he Kentucky Claims Associate that the applicant will be a	•	•
Signature of Applicant Signature	re of Parents/Guardian/Men	nbers	
Date:		Date:	
-	-	rents/Guardians is a member in go	_
their local claims association a is qualified to make application	•	ia set forth by the Kentucky Claim	is Association and
Signature of Secretary	 Date		_

Required information on the following page will be due on or before September 30, 2022 or the scholarship will be forfeited.

Information Required upon notification of winning:
Student's full name as listed on school account:
Student ID Number:
Last 4 of the Social Security Number
Brief Bio of Scholarship recipient.
Complete Mailing Address as to where the Check should be mailed:
Institution:
Attention:
Address:
Scholarship recipient is also invited to attend the Banquet at our annual Kentucky Claims

Scholarship recipient is also invited to attend the Banquet at our annual Kentucky Claims Association Conference.