

KENTUCKY 2A STATE CHAMPIONSHIPS SCHOLARSHIP FOUNDATION 2018-2019 YEAR



GENERAL INFORMATION

The KENTUCKY 2A STATE CHAMPIONSHIPS is pleased to announce the availability of non-renewable scholarships/grants-in-aid awarded annually to deserving seniors from Kentucky's eligible high schools who will be continuing their education at a post-secondary school.

ELIGIBILITY CRITERIA

To be eligible, an applicant must:

1. Be a U.S. citizen or in the process of obtaining citizenship and a Kentucky resident;
2. Be a senior student in good standing at a Kentucky high school that is a member of the KENTUCKY 2A STATE CHAMPIONSHIPS;
3. Plan to attend a post-secondary institution in the State of Kentucky in the upcoming year as a full-time student;
4. Be Drug Free;
5. Submit an accurate and complete application by the designated deadline;
6. Must be an athlete from a member school of the KENTUCKY 2A STATE CHAMPIONSHIPS

For further information or questions please email:

AWARD AMOUNT

In 2018-2019, a minimum of eight (8) \$500 dollar scholarships will be awarded to senior students planning to attend any post-secondary institution within the state of Kentucky. This includes public and private colleges/universities, community colleges, and vocational & technical schools. Funds will be disbursed directly to students upon proof of enrollment.

APPLICATION PROCESS

All Applicants Must:

1. Carefully complete all parts of the scholarship application. Please type or fill out in ink.
2. Obtain letters of recommendation from two (2) school officials including one from an administrator.
3. Submit:
 - Completed application and signed release form
 - Two (2) Letters of recommendation
 - Transcript
 - A recent picture and short essay about yourself and your life in the present.
 - Note: These four items must be submitted before the application can be considered. The Scholarship Application* must be postmarked by December 1. *Please mail in a 10 X 13 envelope unless counselor mails it in bulk.

APPLICATION KENTUCKY 2A CHAMPIONSHIPS SCHOLARSHIP FOUNDATION 2018-2019

PERSONAL INFORMATION:

Name: _____ Social Security Number _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Birth date: _____

Home Phone Number: (____) _____ Cell Phone (____) _____

School: _____

Home email (school if none) _____

KY Resident: Yes ___ No ___ County _____ Basketball Region _____

What sport(s) are you participating in your senior year? _____

Which Kentucky post-secondary institution do you plan to attend? _____

FAMILY INFORMATION: (Information kept confidential)

Family Income:

___ Under \$30,000

___ \$30,001 -- \$40,000

___ \$40,001 -- \$50,000

___ \$50,001 -- \$65,000

___ \$65,001 -- \$85,000

___ Over \$85,000

Father's Name: _____ Living ___ Deceased ___

Name of Employer: _____ Occupation: _____

Mother's Name: _____ Living ___ Deceased ___

Name of Employer: _____ Occupation: _____

Number of Dependent Children in the Household: _____

ACADEMIC INFORMATION

(This form must be completed by the High School Counselor or Principal)

Student: _____

Total # in Graduating Class: _____ Applicant's Rank: _____ Overall Grade Point Standing: _____

Test Results where applicable: ACT: Standard scores: Composite _____ English _____ Math _____

Reading _____ Science Reasoning _____ SAT: Verbal _____ Math _____ Combined _____

Please attach copy of High School Transcript

Signature of Counselor/Principal: _____

Counselor's Email (please print): _____

Extracurricular Activities: (May Attach Data)

Honors and Awards: (May Attach Data)

Community Activities: (May Attach Data)

Are you now employed? Yes ___ No ___ If so, where? _____

How long? _____ Duties _____

If you have received other scholarships please list and state amount: _____

*****Please WRITE and INCLUDE a short essay telling us about yourself.**

I AUTHORIZE THE SCHOOL TO RELEASE THIS ACADEMIC INFORMATION TO THE KENTUCKY 2A STATE CHAMPIONSHIPS AND IF MY CHILD IS CHOSEN TO RECEIVE A SCHOLARSHIP, I GIVE PERMISSION FOR MY CHILD'S NAME AND PICTURE TO BE USED BY THE KENTUCKY 2A STATE CHAMPIONSHIPS FOR PROMOTIONAL PURPOSES AND ON THEIR WEBSITES AND SOCIAL MEDIA.

PARENT SIGNATURE: _____ DATE: _____

I hereby declare that I am Drug Free.

SIGNATURE OF APPLICANT: _____ DATE: _____

Submit To:

Hopkins Co Central High School
ATT: Kent Akin
6625 Hopkinsville Road
Madisonville, KY 42431