APPLY ONCE A YEAR

Bourbon County Educational Funds Application

YEAR: 20____20___

1.		_
2.		_
3.		_

(BOTH SEMESTER WILL BE MAILED TO THE SCHOOLS IN ONE CHECK "NO SECOND CHECK")

CHE	CK YEAR RECEIVING FUND: 1yr	2yr3yr4yr		
NAI	ME			
		C	ity	
		SOCIAL SECURITY NUMBER		
DA	TE OF BIRTH	PHONE#	EXTRA CONTACT	
		E-MAIL ADDRESS		
FAN \$0 T Are Nur Nur	MIMED BY YOUR PARENTS FOR MILY INCOME: TO \$25,000\$25,001 TO \$50,000 you claimed as a dependent of moder of family members living moder of family members attentions.	LEASE FILL OUT YOUR PERSONAL FINANCIAL INCOME TAX PURPOSES, PLEASE FILL OUT THE 1000 \$50,001 TO \$75,000 \$75,001 TO \$20 an another tax return? 1000 \$100 and home 1000 \$100 Number of family member and sollege 1000 \$100 If brothers, sisters and/or parents are attending college.	TEIR FINANCIAL INFORMATION. 100,000Over \$100,000 rs under age 19 and/or parents are attending	
Мо	her's Name & Occupation: ther's Name & Occupation:	!! IMPORTANT !! ol listed below, make sure address, and you		
Sch	ool attending	Stude	ent ID#	
		State		
		E-Mail		
Att	cach the following document accurate or incomplete information	ntations, and return completed application will cause applicant to be ineligible for	on to the Courthouse:	
-	W APPLICANTS: BOYS & GIRLS			
1.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
2.				
500	3. A copy of fall class registration (full-time 12 hours classes)			
4. 5.	Copy of award letter is advise Copy of official high school to			
	Submit two letters of recom			

RETURNING APPLICANTS: BOYS & GIRLS

- 1. Submit last semester's grades. GPA must be 2.0 of higher
- 2. A copy of fall class registration showing full time student

Have you confirmed that receiving this Educ	cational Fund will not prevent you from	receiving other grants
or scholarship money you are getting?	If NO please confirm before subm	nitting your application.
Are you or an immediate family member em		
High School graduated from?		
YearGPA Recent High S	School graduates: Composite ACT score	
ENTER ANNUAL EDUCATIONAL EXPENSES F	OP THE NEXT SCHOOL YEAR IN WHOLE	E DOLLARS:
EXPENSES:	TOTAL	E DOLLARS.
TUITION	TOTAL	
ROOM		
MEALS		
BOOKS		
COMMUTING EXPENSES		
OTHER EXPENSE: (DESCRIBE & COST)		
OTTER EXPENSE. (DESCRIBE & COST)		
TOTAL EVERTICES FOR COLLOCALIVE		
TOTAL EXPENSES FOR SCHOOL YEAR		
STUDENTIAL		
STUDENT information (mark your past hono	ors, programs, activities, etc.)	
Governor's Scholar		
Kentucky Governor's Scholar Alumnus		
National Merit Finalist or semi-finalist		
Honors classes AP Classes I		
Kentucky Governor's School for the Arts Alu	mnus	
Rogers Scholars Program Alumnus		
Dependent of either an active serviceman o	r military Veteran	
Other organizations or activities		
LIST ALL SCHOOL GRANTS AND LOANS YOU	WILL RECEIVE THIS SCHOOL YEAR:	
Name of Source		<u>Amount</u>
	TOTAL	

What KEES money did you receive?	
For returning applicants, which post-secondary institated attendance, course of study and GPA:	tutions have you attended, and identify your years of
WORK ACTIVITIES:	
Identify all employment including your employer, the you work(ed) and your rate of pay:	type of work performed, how many hours per week
f you are not currently employed, explain why.	
Describe other work activities, such as family farm, he	elping in family business, helping at home:

	o be a recipient of this fund, the course of study you plan to				
follow, your proposed occupation or profession and any other abilities you have that were not previously mentioned on this form.					
Signature of Applicant	DATE				

CONTACT NUMBERS FOR BOURBON COUNTY EDUCATIONAL FUNDS:

Girls Commissioners

Ann Davis McClain (859)987-5327 adsmcclain@gmail.com Kay Denniston Paula Marcum

Boys Commissioners

Bryan Beauman (859)361-8349 bourboncountyboysfund@gmail.com Chuck Redwine Charles Koch

AMERICAN LEGION SCHOLARSHIP:

NEW APPLICANTS : If you wish to be considered for the AMERICAN LEGION SCHOLARSHIP , complete th
following:
If you are a descendant of a member of the American Legion, identify the post number, the member an your relationship to that person:
If you are a descendant of a member of the Auxiliary, identify the post number, the member and your relationship to that person:
If you are a descendant of a veteran, identify the member and your relationship to that person:
Signature of applicant Date
Signature of applicant