

EMPLOYMENT INFORMATION:

My eligibility to apply for this scholarship is based on the employment of:

_____ Parent, Grandparent or Guardian _____ Myself _____ Both

_____ Parent, Grandparent or Guardian and/or _____ Applicant works at the KGA/KACS member firm

Name of Member Firm _____

Address _____

City _____ State _____ Zip _____

Full Name of Employee _____

Employment began at the member firm on (Month) _____ (Year) _____

Address if different from Applicant

_____ Address _____ City _____ State _____ Zip _____

Phone # and person's name for verification of employment _____

Employer of applicant or applicant's parent has permission to release information regarding employment.

Signature of parent/grandparent/guardian/employee

(Full Name) _____

HIGH SCHOOL INFORMATION:

Please describe any part or full-time jobs you have held during the past three years:

List all schools attended in grades 9 thru 12:

Name of High School	City & State	Attendance Dates
1. _____	_____	Month _____ Year _____
2. _____	_____	Month _____ Year _____
3. _____	_____	Month _____ Year _____

Do you feel that your high school grades were an accurate index of your ability?

_____ Yes

_____ No

If no, what were the factors that prevented you from doing better? _____

_____ **Check here if high school transcript will be mailed separately.**

COLLEGE INFORMATION:

If you have already attended college, list all colleges and universities you have attended and dates of attendance. List first the institution you are presently attending or last attended.

- 1. _____
Month Year
- 2. _____
Month Year
- 3. _____
Month Year

Where will you live while attending college?

_____ Rented room or apartment

_____ At home

_____ Dormitory

_____ With friends

Others (specify) _____

What general course of study are you now taking or planning to take? _____

What special recognition have you received for outstanding schoolwork such as honors, prizes, or scholarships in high school and/or in college?

ACTIVITIES:

Describe how you were involved in **high school activities** such as class or school offices, band or orchestra, athletics, dramatics, debate or oratory, school publications, pep club, etc. Designate by number in the right hand column the high school year in which you participated in each activity as follows: 1-Freshman, 2-Sophomore, 3-Junior, 4-Senior.

Activity	Position Held	Hours spent Per week	Year of Participation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe how you were involved in **organized out-of-school activities** such as rank attained as Boy or Girl Scout, 4-H Club, church organization, etc. Designate by number in right-hand column the high school year in which you participated in each activity as follows: 1-Freshman, 2-Soph, 3-Junior, 4-Senior

Activity	Position Held	Hours spent Per week	Year of Participation
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Describe any **community service activities** in which you are involved:

ALL APPLICANTS TO CERTIFY BELOW:

I certify that all of the information contained in this application is correct to the best of my knowledge.

SIGNATURE: _____ Date _____

COMPLETE THE SECTION BELOW ONLY IF YOU HAVE ATTENDED COLLEGE:

_____ **Check here if your college transcript(s) will be mailed separately (see instructions).**

Describe what part you have played in **extracurricular activities in college**. Designate by number in right-hand column the college year in which you participated in each activity as follows: 1- Freshman, 2-Sophomore, 3-Junior, 4-Senior

Activity	Position Held	Hours spent per week	Year of participation
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Family Financial Information
(Must be completed in full)

Instructions:

The parent/grandparent/guardian (or applicant) who claims the applicant as a dependent and upon whose employment this student is eligible to apply for this scholarship must complete and sign this form.

The answers to the questions below will be used to determine financial need in connection with an application for a scholarship. Information should be taken from the income tax return for the year prior to the year in which the scholarship is being awarded.

1. Total income as reported on federal income tax return of person financially responsible for student whether parent, grandparent, guardian or self \$ _____
2. Total number of exemptions claimed on tax return _____
3. Number of adults in family _____
4. Number of dependent children in the family _____
5. Number of dependent children who will be in college in the fall _____
6. If both parents reside at the same address, do they both work? _____ yes _____ no
7. Is this a single-parent family _____ yes _____ no

If there are extenuating circumstances which will affect your ability to pay for education, describe these circumstances below.

I hereby declare that the information contained in this questionnaire is accurate and complete to the best of my knowledge.

Parent/Grandparent/Guardian _____ Date _____

Applicant's signature _____ Date _____

PLEASE NOTE: All financial information is kept confidential. It is reviewed by the out of state program administrators.

High School Record Request Form

Kentucky Grocers Education Foundation (KGEF)
207 Shelby Street
Frankfort, KY 40601
Application Deadline **March 1st**

High school transcripts are needed for all current high school seniors and college students regardless of the applicant's year in college. Students are responsible for making sure transcripts are received by the KGEF.

Student Instructions

_____ Complete sections "1" and "2" of this form

_____ Mail or deliver this form and the "Guidance Counselor Instructions" form to the high school you attended. *BE SURE TO ALLOW ENOUGH TIME FOR KGEF APPLICATION DEADLINE.*

Please print clearly

1. MAIL TO:

Guidance Office _____ High School

City _____ State _____ Zip _____

2. FROM:

Name _____ (Maiden Name) _____

Year of high school graduation _____ Phone # _____

Home address _____

City _____ State _____ Zip _____

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974 permission is hereby given to school officials to release the secondary school record and other requested information.

Applicant's Signature _____ Date _____

Guidance Counselor Instructions:

The student referenced on the previous page is applying for a KGEF scholarship.

1. Attach a copy of the student's records
2. Fill boxes at right with requested information
3. Sign certification statement
4. Mail both forms and student record to the address below

Current GPA	
Class Rank	
# in Class	
ACT (Comp)	
SAT-Vbl (not %)	
SAT-Math (not %)	

I certify that all the information on this form is correct and the student's record is included.

Counselor's Signature _____

Office Phone Number _____

Mail both forms and student record by **March 1st** to:

Kentucky Grocers Education Foundation
207 Shelby Street
Frankfort, KY 40601
502-696-9153
<http://www.kgaonline.org/programs.cfm>