Official KHSCA "Jimmie Reed" Scholarship Application
Due Date: March 1st

PERSONAL DATA:

Name: _____

Permanent Address (street address, city, state, zip):

_____

_____

Home Phone: (_____) _____

Name of parent(s)/guardian(s): _____

In which school does he/she teach/coach:

_____

Is parent or guardian a lifetime member of the KHSCA? (Circle one) Yes No

SCHOOL DATA:

High School attended by applicant:

_____

GPA: _____ out of _____

Class Rank: _____ out of _____

ACT Score: _____

Applicant's signature: _____ Date:_____

RETURN THIS FORM AND 4 COPIES PLUS ORIGINAL OF ALL REQUESTED SCHOLARSHIP MATERIAL TO:

Jeff Marksberry
KHSCA Scholarship Application
2246 Fedders Court
Covington, KY 41017