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K9's MEMORIAL SCHOLARSHIP PROGRAM-APPLICATION

Please type or print your answers. If application is illegible, it will be returned to you.

Last Name: _____ First Name: _____ M.I.: _____

Address: _____
Street Apt # City State Zip

Home Phone: _____ Cell Phone: _____ DOB: (MM/DD/YYYY) _____

Current High School: _____ City/State: _____ # of years attended: _____

I will be attending the following Post-Secondary School in the Fall of 20 at _____
****Proof of acceptance is required before receipt of funds****

I will be entering the above mentioned school as a: _____

Your Current GPA: _____ (on a 4.0 scale) ACT Score: _____ or SAT Score: _____
Attach proof of GPA. Your most recent official school transcript required. A copy of your ACT or SAT score sheet on official high school transcript is required.

Name and Address of Parent(s) or legal Guardian(s):

Last Name: _____ First Name: _____ Relationship to Applicant: _____

Address: _____
Street Apt# City State Zip

Home Phone: _____ High School Attended: _____ # of years attended: _____

Last Name: _____ First Name: _____ Relationship to Applicant: _____

Address: _____
Street Apt # City State Zip

Home Phone: _____ High School Attended: _____ # of years attended: _____

What specialty or major do you plan to study as you continue your education? _____

Please list the expenses you expect to incur per semester or quarter: (approximate figures are acceptable)

Tuition: _____ Books: _____ Room & Board: _____ Other Expenses: (explain below) _____

Comments: _____

Please list other financial assistance you will receive per semester or quarter:

Personal: _____ Grants: _____ Student Loans: _____ Other Scholarships: _____

Other financial resources: (explain below)

Comments: _____

Please use an additional sheet if you need more room to list financial information requested above.

What are your educational goals and objectives? _____

What are your professional goals and objectives? _____

Please list your academic honors, awards, and membership activities while in high school: _____

Please list your hobbies, outside interest, and extracurricular activities: _____

Personal Essay (please submit your answer on an additional sheet of paper, typed)

Please answer the following question :

Who do you think is a great leader and how have they affected you?

Scholarship Checklist

Please ensure you have the following items attached to your application in order for the application to qualify to be reviewed by the scholarship committee. Your application will be returned if these items are not attached to the application (no exceptions).

_____ Three (3) letter of recommendation. Please attach these forms in sealed envelopes.

_____ Proof of college acceptance. A letter of college acceptance is required for receipt of funds.

_____ Most recent OFFICIAL high school transcript. Photocopies will not be accepted.

_____ Proof of Enrollment for college freshman/sophomores

_____ Personal Essay (Typed)

_____ Proof of Community Service (50 hrs) Sheet Attached to Application

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for the sole purpose of promoting The K9's Fallen Scholarship program.

I hereby understand that if chosen as a scholarship winner, according to K9's Fallen Scholarship policy, I must provide evidence of enrollment at the post-secondary institution of my choice before any scholarship funds can be awarded.

Signature of Scholarship Applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received by the Scholarship Committee is: 15 APRIL **NO EXCEPTIONS!**

ADDITIONAL NOTES & COMMENTS:



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K9's MEMORIAL SCHOLARSHIP PROGRAM
Community Service Hours

DATE	AGENCY	ACTIVITY	AGENCY CONTACT INFO	SIGNATURE	HOURS

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