

KAA Auxiliary Scholarship Application
APPLY BY MAY 15, 2020! One Scholarship will be awarded June 15, 2020

Who is Eligible?

A relative of an active Auxiliary Member .

Candidates applying must be graduating from an accredited high school and/or candidate must have completed the past year at a qualified university or school of higher education.

Name _____ Birth Date _____

Address _____

City/State/Zip _____

Age _____ Phone _____

GPA _____

Rank in Graduating Class _____

Total number in Graduating Class _____

Accepted at/Attending _____

Name of KAA Auxiliary Member and Relationship

Parents Names and Occupation

Occupation(s) _____

Student:

1. Complete the contact confirmation on the bottom section of this form and make three copies.
 2. Have your school's counselor/scholarship advisor complete one copy of the form and attach an official transcript.
 3. Have a teacher complete one copy of this form.
 4. Have a coach, activity director, a minister, or an employer complete the third copy of this form.
- Have each one send the recommendation form directly to the address below by May 15, 2020:
5. List and detail:
 - * all school activities in which you have participated.
 - * hours of school activities (community services, scouts, church volunteer work, etc.)
 - * work experience
 - * all awards and honors
 6. Include a personal essay of 500 words or less explaining what you hope to accomplish in your lifetime.
 7. Please tell us a little more about yourself, including what college you have chosen or enrolled in, what subject (s) you are considering for your college major, and what vocation or career you are considering

TO BE COMPLETED BY REFERENCES

References: Please mark the appropriate space in each area to evaluate the applicant. Attach a separate sheet for comments using school or employer letterhead and mail back with your recommendation.

Student's Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

Send completed Form To:

KAA Auxiliary Scholarship

Julie Kessler

6919 Old Lebanon Rd

Campbellsville KY 42718

	Excellent	Good	Average	Below Average
Seriousness of Purpose	_____	_____	_____	_____
Ability to Study	_____	_____	_____	_____
Ability to Communicate Orally	_____	_____	_____	_____
Ability to Communicate in Writing	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Responsibility	_____	_____	_____	_____
Emotional Stability:	_____	_____	_____	_____
Concern for Others:	_____	_____	_____	_____

Your Name: _____

Signature: _____

Position: _____

School/Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

OVERALL RECOMMENDATION:

For Academic Promise: _____

For Personal Promise: _____

How long have you known the applicant:
