Return to Ms. Wiggins by Sept. 28th



KSBA First Degree College Scholarship Program (application)

The board of directors of the Kentucky School Boards Association will fund two \$2,500 scholarships for eligible Kentucky high school seniors to attend any two- or four-year accredited college or university, in state or out. One scholarship each will be awarded to a male and a female student. These nonrenewable scholarships will be paid directly to the institution of higher education upon the recipients' official admission acceptances.

Eligible students are those who would be the <u>first members of their immediate families</u> (parents, guardians, siblings) to receive a degree from an institution of higher education. **Eligibility must be affirmed and signed by the high school** guidance counselor <u>and</u> the school district's board chairperson <u>and</u> superintendent.

Any Kentucky board of education may place in nomination the names of up to two students, one male, one female with a minimum ACT reading score of 20. KSBA will accept receipt of the first two eligible application forms per school district by the deadline noted below (additional forms will be disqualified). The scholarships will be awarded based on a drawing conducted by the KSBA Board of Directors at their December 2018 quarterly board meeting.

Application (nomination) form as certified by the high school guidance counselor

Student's Name: (<u>please print</u>)		Age	MaleFemale		
Home Mailing Address:			. ————————————————————————————————————		
Home Phone: ()	Cell Phone: ()	Email:			
High School:	School District:				
High School Guidance Counselor (Email:		
student would be the first from his/h	the nomination of this student for the ding at the high school, that the infor her immediate family to earn a college tims per school district (one male a	mation included abo e degree. Chairm an	Valic acquirate; and that this		
Signed:					
Chairperson, local board of education	on PRINT NAME	EN	MAIL		
Superintendent, local board of educ	ation PRINT NAME	EN	MAIL #		

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Student's Name: (<u>please print</u>)		Age	Male	Female	
Home Mailing Address:					
Home Phone: ()	Cell Phone: ()	Email:			
High School:	School District:			Score:	
High School Guidance Counselor (Signature):		•			
We, the undersigned, hereby affirm that he/she is a senior in good stand student would be the first from his/he a maximum of two application for	ning at the high school; that the infoler er immediate family to earn a collect	rmation included abo le degree. Chairma n	vo le accurata:	and that this	
Signed:					
Chairperson, local board of educatio	n PRINT NAME	EÑ	//AIL		
Superintendent, local board of educa	ation PRINT NAME	EN	/IAIL	H. Z.	