

**ALL 'A' CLASSIC SCHOLARSHIP FOUNDATION
2018-2019 YEAR**

GENERAL INFORMATION:

The Kentucky All 'A' Classic is pleased to again announce the availability of non-renewable scholarships/grants-in-aid awarded annually to deserving seniors from Kentucky's small high schools who will be continuing their education at a post-secondary school.

ELIGIBILITY CRITERIA:

To be eligible, an applicant must:

1. Be a U.S. citizen or in the process of obtaining citizenship and a Kentucky resident;
2. Be a senior student in good standing at a Kentucky high school that is a member of the All 'A' Classic;
3. Plan to attend a post-secondary institution in the State of Kentucky in the upcoming year as a full-time student;
4. Be Drug Free;
5. Submit an accurate and complete application by the designated deadline.
6. For further information or questions please email:
alla.scholar@hancock.kyschools.us

AWARD AMOUNT:

In 2018-2019, a minimum of twenty (20) \$1,000 dollar scholarships will be awarded to senior students planning to attend any post-secondary institution within the state of Kentucky. This includes public and private colleges/universities, community colleges, and vocational & technical schools. Funds will be disbursed directly to students upon proof of enrollment.

APPLICATION PROCESS:

All Applicants Must:

1. Carefully complete all parts of the scholarship application. Please type or fill out in ink.
2. Obtain letters of recommendation from **two (2) school officials** including one from an administrator.
3. Submit:
 - Completed application and signed release form
 - Two (2) Letters of recommendation
 - Transcript
 - A recent picture and short essay about yourself and your life in the present.

Note: These four items must be submitted before the application can be considered.

The Scholarship Application* **must be postmarked by October 12th.**

*Please mail in a **10 X 13 envelope** unless counselor mails it in bulk.

APPLICATION

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PERSONAL INFORMATION:

Name: _____ Social Security Number _____

Permanent Address: _____

City: _____ State: _____ Zip: _____ Birth date: _____

Home Phone Number: (____) _____ Cell Phone (____) _____

School: _____ Home e-mail (school if none) _____

KY Resident: Yes ___ No ___ County _____ Basketball Region _____

Which Kentucky post-secondary institution do you plan to attend?

**STAPLE
PICTURE
HERE**

FAMILY INFORMATION: (Information kept confidential.)

Family Income:

- | | |
|--------------------------|--------------------------|
| ___ Under \$30,000 | ___ \$30,001 -- \$40,000 |
| ___ \$40,001 -- \$50,000 | ___ \$50,001 -- \$65,000 |
| ___ \$65,001 -- \$85,000 | ___ Over \$85,000 |

Father's Name: _____ Living ___ Deceased ___

Name of Employer: _____ Occupation: _____

Mother's Name: _____ Living ___ Deceased ___

Name of Employer: _____ Occupation: _____

Number of Dependent Children in the Household: _____

ACADEMIC INFORMATION

(This form must be completed by the High School Counselor or Principal)

Student: _____

Total Number in Graduating Class: _____

Applicant's Rank: _____

Overall Grade Point Standing: _____

Test Results where applicable:

ACT:

Standard scores: Composite _____

English _____ Math _____ Reading _____ Science Reasoning _____

SAT:

Verbal _____ Math _____ Combined _____

➤ *Please attach copy of High School Transcript*

Signature of Counselor/Principal: _____

Counselor's E-mail (please print): _____

Extracurricular Activities: (May Attach Data)

Honors and Awards: (May Attach Data)

Community Activities: (May Attach Data)

Are you now employed? Yes ___ No ___

If so, where? _____

How long? _____ Duties _____

If you have received other scholarships please list and state amount:

*****Please write and attach a short essay telling us about yourself.**

I AUTHORIZE THE SCHOOL TO RELEASE THIS ACADEMIC INFORMATION TO THE KENTUCKY ALL "A" CLASSIC AND IF MY CHILD IS CHOSEN TO RECEIVE A SCHOLARSHIP, I GIVE PERMISSION FOR MY CHILD'S NAME AND PICTURE TO BE USED BY THE KENTUCKY ALL "A" CLASSIC FOR PROMOTIONAL PURPOSES AND ON THEIR WEBSITE(S) .

PARENT SIGNATURE: _____

DATE: _____

I hereby declare that I am Drug Free.

SIGNATURE OF APPLICANT: _____

Submit To:

H.D. Cowden - Coordinator
1320 Lincoln Road
Lewisport, KY 42351
270-485-2114 (**Text Only**)