

**Kentucky Transportation Employees' Association
Scholarship Application**

1. Applicant's Name: _____
(First) (Middle) (Last)

Address: Street _____

City _____ Zip Code _____

County _____ Phone _____

Date of Birth: _____ Social Security Number _____

2. Family Information:

Which parent is a member of the Association? Father() Mother() Both()

Father: Name: _____ Mother: Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Number of exemptions claimed on 2006 tax return _____ Ages _____

Number of dependents that will be a full time college student in 2007 _____

Adjusted gross income on 2006 Federal Income Tax Form 1040 _____

3. High School Information (High School Seniors Only) _____

School Name _____ Phone # _____

GPA _____ Point System Used _____

You must attach your high school transcript and a letter of acceptance to the school you plan to attend in the fall.

4. College Information

Hours earned _____ GPA _____ Point System Used _____

Academic Counselor's Name _____ Phone# _____

You must attach your college transcript.

5. Scholarships and/or grants (do not include loans) you will receive.

I certify that the information presented is correct and accurate. I understand and agree that if awarded a scholarship by the Kentucky Transportation Employees' Association, any unused scholarship funds will be returned to the Association by the College or University at the end of the academic year. I further understand that in the event of my withdrawal, expulsion or upon being placed on academic probation by the institution, any unused scholarship funds will be returned to the Association.

I understand that the scholarship is for one year only, and I MUST REAPPLY EACH YEAR. I agree that in the event I should receive a full scholarship or grant from another source, not listed on this application, I will so inform the Scholarship Committee. **Failure to notify the committee could result in the withdrawal of scholarship funding.**

Submit completed Application to

By: April 16th 2007

SIGNATURE OF APPLICANT DATE

SIGNATURE OF PARENT (Assoc. Member)
(If deceased, please type name)