

26th Anniversary

CASBA, INC. / THE KIT MURPHY MEMORIAL SCHOLARSHIP, INC.

To be eligible for the Kit Murphy Memorial Scholarship, you must be an employee or immediate family member of an employee of a CASBA member's company. The employee must have been employed for at least one year from the date of application. The applicant must be a high school senior or immediately eligible for college. Applications must be postmarked no later than **Monday, January 28, 2019**. Type or print all information on all pages except for signatures.

APPLICANT DATA

DATE / /

Name: Last First Middle

Address: Street City State Zip

Phone () - EXT

EMPLOYEE PARENT OR GUARDIAN INFORMATION

Name: Last First Middle

Job Title Years of Service Relationship to Applicant

CASBA Member Company Phone () -

HIGH SCHOOL DATA

Name: High School Phone () -

Address: Street City State Zip

Graduation Date / / Grade Point Average (4-point scale) . High School

PSAT Verbal PSAT Math SAT Verbal SAT Math

ACT English ACT Math Other Scores

POST-SECONDARY SCHOOL DATA

Name of school for which financial aid is requested (if unknown, please list in order of preference, the schools in which applications for admissions have been sent):

School City State Phone () -

Please check one: 4-year College/University 2-year Vocational Other

Currently enrolled as Freshman Sophomore Junior Senior Graduate Other

If High School Senior intending to enroll in college after this year's graduation, please check _____

Student will: ___live on campus___live off campus___commute Major: _____

If school choice is a public institution, applicant will pay: ___in-state tuition___out-of state tuition

GPA (4-point scale) _____.____ Expected Graduation Date ____/____/____

WORK EXPERIENCE

Describe your work experience during the past four years:

	Company Name	Title	Dates (from/to)	Hours/week	Paid (Y/N)
1.	_____				
2.	_____				
3.	_____				
4.	_____				

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics, etc.). Indicate all special awards, honors, and offices held:

1. _____
2. _____
3. _____

SCHOLARSHIP AWARDS

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year:

	Name	Amount	Check one:	Granted	Pending
1.	_____				
2.	_____				
3.	_____				

GOALS AND ASPIRATIONS

Write a statement of your plans as they relate to your educational and career objectives and future goals. You can write on the back of this sheet or attach a separate sheet(s) if available.

CERTIFICATION

Upon submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If request, I agree to give proof of information provided for this form.

Falsification of information provided may result in termination of any scholarship award considerations.

Applicant's Signature _____ Date ____ / ____ / ____

Employee's (sponsor) Signature _____ Date ____ / ____ / ____

Applications must be postmarked no later than **Monday, January 28, 2019.**

Mail application to:

CASBA / KIT MURPHY MEMORIAL SCHOLARSHIP

PO Box 150,
Pewee Valley, KY
40056-0150