

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
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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 25, 2021.**

Mail application to: **CASBA / KIT MURPHY MEMORIAL SCHOLARSHIP**

**PO Box 1004,
Faribault, MN
55021**