

28th Anniversary

KIT MURPHY MEMORIAL SCHOLARSHIP

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 **Friday, April 30, 2021.** Applications may also be completed online at <u>www.casba.us/scholarship</u>. Type or print all information on all pages except for signatures.

APPLICANT DATA		DATE <u>//</u>		
Name: Last	First	Middle		
Address: Street	City	StateZip		
Phone <u>() - EXT</u>				
EMPLOYEE PARENT OR GUA	RDIAN INFORMATION			
Name: Last	First	Middle		
Job Title	Years of ServiceRelati	onship to Applicant		
CASBA Member Company		Phone ()		
HIGH SCHOOL DATA				
Name: High School		Phone ()		
Address: Street	City	StateZip		
Graduation Date / /	Grade Point Average (4-poir	nt scale)High School		
PSAT VerbalPSA	T MathSAT Verbal	SAT Math		
ACT EnglishACT	MathOther 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		Ci	ty		State	Phone ()	-
Please ch	neck one:	4-year Colle	ge/University_	2-уеа	rVoc	ational	_Othe	er
Currently	y enrolled as	_FreshmanS	Sophomore	_Junior	_Senior	Graduate_		<u>Other</u>
If High So	chool Senior inte	ending to enroll i	n college after	this year's	graduation	, please che	ck	
Student will:live on campuslive off campuscommuteMajor:								
If school choice is a public institution, applicant will pay:in-state tuitionout-of state tuition								
GPA (4-point scale) Expected Graduation Date/ /								
WORK EXPERIENCE								
Describe your work experience during the past four years:								
C	Company Name	Title	Dates (from/to)	Hour	s/week		Paid (Y/N)
1.								
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 25, 2021.

Mail application to:

CASBA / KIT MURPHY MEMORIAL SCHOLARSHIP

