

29th 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 **Thurs, June 30, 2022.** Applications may also be completed online at www.casba.us/scholarship. Type or print all information on all pages except for signatures.

APPLICANT DATA		DATE	<u>/ </u>
Name: Last	_First	_Middle	
Address: Street	City	_Statez	ip
Phone <u>() - EXT</u>	_		
EMPLOYEE PARENT OR GUARD	IAN INFORMATION		
Name: Last	_First	_Middle	
Job Title	_Years of ServiceRelation	nship to Applicant_	
CASBA Member Company		_Phone ()	
HIGH SCHOOL DATA			
Name: High School		_Phone ()	<u>-</u>
Address: Street	City	State	Zip
Graduation Date / /	Grade Point Average (4-point	scale) <u>.</u> H	igh School
PSAT VerbalPSAT N	fathSAT Verbal	SAT Math	1
ACT EnglishACT Ma	athOther Scores		

POST-SECONDARY SCHOOL DATA

	th financial aid is requested (if utions for admissions have been	• •	st in order of pre	eference, the
School	City	State	Phone () -
Please check one:	4-year College/University_	2-year	Vocational	_Other
Currently enrolled as	FreshmanSophomore	_JuniorSenio	Graduate	Other
If High School Senior int	ending to enroll in college after	r this year's gradua	tion, please che	ck
Student will:live on	campuslive off campus	commute <u></u>	Major:	
If school choice is a publ	lic institution, applicant will pay	/:in-state tui	tionout-of s	state tuition
GPA (4-point scale)	Expected Graduation Date			
WORK EXPERIENCE				
Describe your work expe	erience during the past four yea	ars:		
Company Name	Title Dates	(from/to) I	lours/week	Paid (Y/N)
_				
ACTIVITIES, AWARDS AN	ID HONORS			
government, music, spo pay during the past four all special awards, hono	n which you have participated orts, etc.). List all community act years (e.g. Boy/Girl Scouts, hors, and offices held:	tivities in which you spital volunteer, Sp	u have participa	ted without
2				
3				
SCHOLARSHIP AWARDS				
Please list below the narthe coming school year:	me and amount of any grants o	r scholarships that	you have been	awarded for
Name	Amount	Check one:	Granted	Pending

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<i></i>			
GOALS AND ASPIRATIONS			
· ·	lans as they relate to your educat back of this sheet or attach a sep	•	and future
CERTIFICATION			
Upon submitting this applic	ation, I certify that the informatio	on provided is complete and	accurate to
best of my knowledge. If red	quest, I agree to give proof of info	ormation provided for this fo	rm.
Falsification of information	provided may result in termination	on of any scholarship award	considerati
		Date	/ /
Applicant's Signature			
	ture	Date	1 1
Employee's (sponsor) Signa	ture arked no later than Thursday, Ju		/ /
Employee's (sponsor) Signa			/ /
Employee's (sponsor) Signa		ne 30, 2022.	