



## 31<sup>st</sup> 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 **Mon, July 15th, 2024**. Applications may also be completed online at [www.casba.us/scholarship](http://www.casba.us/scholarship). 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 **Mon, July 15th, 2024.**

Mail application to:

**CASBA / KIT MURPHY MEMORIAL SCHOLARSHIP**  
**P.O. BOX 26021**  
**BIRMINGHAM, AL 35260**