



Scholarship Application

Personal Information:

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ Birthdate: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Members in household: _____ Email: _____

Phone: _____ Alternate Phone: _____

Educational Information:

High School: _____ City/State: _____

Graduation Date: _____ GPA: _____

College/University: _____ City/State: _____

Major: _____ Current GPA: _____

Expected Graduation Date: _____ Tuition per year: _____

Current Scholarships or Financial Aid: _____

Clubs/Activities: _____

** Please include official transcript from current institution. **

Employment Information:

Employer: _____

Address: _____ Phone: _____

Supervisor: _____ Hours worked per week: _____

Hourly Pay/Salary Amount: _____



Scholarship Application continued

Essay Questions

Please type answers and attach to application

- 1) Please explain why you have selected a career in cancer care in 500 words or less.

- 2) Please explain your career goals and how your degree or certificate will help you to achieve them in 200 words or less.

- 3) Please describe a situation where things were working against you and how you handled this situation as well as what you learned. Please limit to 200 words or less.

- 4) Please describe your participation in the community. Please limit to 200 words.

- 5) Provide an explanation of your financial need and why you should be a KCRF scholarship recipient in 200 words or less.

**Please print and submit the completed application along with a certified copy of your academic transcript to
KCRF Administrator, 2201 Goshen Lane, Goshen, KY 40026**