ALL 'A' CLASSIC SCHOLARSHIP FOUNDATION 2020-2021 YEAR

GENERAL INFORMATION:

The Kentucky All 'A' Classic is pleased to again announce the availability of <u>non-renewable</u> scholarships/grants-in-aid awarded annually to deserving seniors from Kentucky's small high schools who will be continuing their education at a post-secondary school.

ELIGIBILITY CRITERIA:

To be eligible, an applicant must:

- Be a U.S. citizen or in the process of obtaining citizenship and a Kentucky resident;
- Be a senior student in good standing at a Kentucky high school that is a member of the All 'A' Classic;
- 3. Plan to attend a post-secondary institution preferably in the State of Kentucky in the upcoming year as a full-time student;
- 4. Be Drug Free;
- 5. Submit an accurate and complete application by the designated deadline.
- 6. For further information or questions please email: alla.scholar@hancock.kyschools.us

AWARD AMOUNT:

In 2020-2021, a minimum of twenty (20) \$1,000 dollar scholarships will be awarded to senior students planning to attend any post-secondary institution within the state of Kentucky. This includes public and private colleges/universities, community colleges, and vocational & technical schools. Funds will be disbursed directly to students upon proof of enrollment.

APPLICATION PROCESS:

All Applicants Must:

- 1. Carefully complete all parts of the scholarship application. Please type or fill out in ink.
- 2. Obtain letters of recommendation from **two (2) school officials** including one from an administrator.
- 3. Submit:
 - Completed application and signed release form
 - Two (2) Letters of recommendation
 - Transcript
 - A recent picture and short essay about yourself and your life in the present.

Note: These four items must be submitted before the application can be considered.

The Scholarship Application* must be postmarked by October 23rd.

*Please mail in a 10 X 13 envelope unless counselor mails it in bulk.

APPLICATION

ALL 'A' CLASSIC SCHOLARSHIP FOUNDATION 2020-2021 YEAR

Name:	Social Security Number
Permanent Address:	
City: State:	Zip: Birth date:
Home Phone Number: ()	Cell Phone ()
School:	Home e-mail(school if none)
KY Resident: Yes No	County Basketball Region
Which Kentucky post-secondar	ry institution do you plan to attend? STAPLE
	PICTURE HERE
FAMILY INFORMATION: (Inf	
FAMILY INFORMATION: (Inf Family Income:	HERE
FAMILY INFORMATION: (Inf Family Income: Under \$30,000	HERE
FAMILY INFORMATION: (Inf Family Income: Under \$30,000 \$40,001 \$50,000	HERE
FAMILY INFORMATION: (Inf Family Income: Under \$30,000 \$40,001 \$50,000 \$65,001 \$85,000	HERE Formation kept confidential.) \$30,001 \$40,000 \$50,001 \$65,000 Over \$85,000
FAMILY INFORMATION: (Inf Family Income: Under \$30,000 \$40,001 \$50,000 \$65,001 \$85,000 Father's Name:	HERE Formation kept confidential.) \$30,001 \$40,000 \$50,001 \$65,000 Over \$85,000
FAMILY INFORMATION: (Inf Family Income: Under \$30,000 \$40,001 \$50,000 \$65,001 \$85,000 Father's Name:	<pre>HERE formation kept confidential.) \$30,001 \$40,000\$50,001 \$65,000Over \$85,000 Living DeceasedOccupation:</pre>

ACADEMIC INFORMATION

(This form must be completed by the High School Counselor or Principal)
Student:
Total Number in Graduating Class:
Applicant's Rank:
Overall Grade Point Standing:
Test Results where applicable: ACT: Standard scores: Composite
English Math Reading Science Reasoning
SAT: Verbal Math Combined
> Please attach copy of High School Transcript

Signature of Counselor/Principal: _____

Counselor's E-mail (please print):

Extracurricular Activities: (May Attach Data)	
Honors and Awards: (May Attach Data)	
Community Activities: (May Attach Data)	
Are you now employed? Yes No	
If so, where?	
How long? Duties	
If you have received other scholarships please list and state amount:	
***Please write and attach a short essay telling us about yourself.	
I AUTHORIZE THE SCHOOL TO RELEASE THIS ACADEMIC INFORMATION TO THE KEN "A" CLASSIC AND IF MY CHILD IS CHOSEN TO RECEIVE A SCHOLARSHIP, I GIVE FOR MY CHILD'S NAME AND PICTURE TO BE USED BY THE KENTUCKY ALL "A" CL PROMOTIONAL PURPOSES AND ON THEIR WEBSITE(S).	E PERMISSION
PARENT SIGNATURE:	
DATE:	
I hereby declare that I am Drug Free.	
SIGNATURE OF APPLICANT:	
Submit To: H.D. Cowden - Coordinator 1320 Lincoln Road Lewisport, KY 42351 270-485-2114 (<i>Text Only</i>)	