



Kevin L. Allen Memorial Scholarship Fund

APPLICATION – School year 20____ - 20____

To the Applicant:

1. Complete this form and mail or email to: Kevin L. Allen Memorial Scholarship
c/o Gail Allen
313 Bradford Way
Peachtree City, GA 30269
Kevallen.scholarship@mail.com
2. Answer all questions completely and honestly
3. Transcripts for high school students
4. Completed application must be received before award announcement date (see scholarship page on website – www.kevinallenscholarship.org)

IF ALL OF THE ABOVE REQUIREMENTS ARE NOT MET BY THE DEADLINE SET, YOUR APPLICATION WILL NOT BE CONSIDERED. **PLEASE CIRCLE SCHOLARSHIP TYPE** **AUTOMOTIVE** **AVIATION**

Name of Applicant: _____

Applicant Age: _____

Home Address: _____

Home Telephone: _____

Father's Name: (Print) _____

Mother's Name: (Print) _____

FOR HIGH SCHOOL STUDENTS ONLY: TO BE COMPLETED BY COUNSELOR

School attending: _____ Transcripts included: _____

Date of graduation ceremony: _____ Grade Point Average (GPA) _____

Counselor's Signature: _____ Date: _____

Enrolled college/university: _____

Major enrolled in: _____

Write a statement explaining your interest and participation in the automotive hobby, or what made you interested in aviation. Please attach an extra page if necessary.

What are your personal goals?

Please state any scholarships or financial aid you have available to you.

Please state any School/Academic, community activities and/or Achievements:

Signature of Applicant: _____ Date: _____

Applicant Log# _____