

Kentucky Council on Crime & Delinquency
 PO Box 2400
 Frankfort, KY 40602

KCCD STATEWIDE SCHOLARSHIP APPLICATION		
APPLICANT INFORMATION		
Name of Sponsoring KCCD Chapter:	Email:	
Name of Applicant:		
Date of birth:	Age:	Phone:
Current address:		
City:	State:	ZIP Code:
Marital Status: Married Divorced Single	# of Children: Ages:	Date of Application:
SCHOLARSHIP INFORMATION		
University/College of Study:		
Mailing Address of University:		
Circle One: Undergraduate 1 2 3 4 Graduate 1 2		
Major Course of Study:	Minor Course of Study:	Term:
Full Time:	Part Time:	Expected Grad Date:
KCCD Member: YES NO	Family of KCCD Member: YES NO	State Employee: YES NO
Current Class: High School College 1 College 2 College 3 College 4 Graduate Degree		
List Family Names, if any, of KCCD Members or State Employees:		
Are you receiving any other financial assistance (i.e. scholarships, support from parents or spouse, VA, Social Security, student loans, etc.)? YES NO		
Explain Briefly Why You Should Be Considered For This Scholarship:		
List any community interests, activities, volunteer work, achievements:		
SIGNATURE		
All information submitted is true and accurate. Further, I authorize the KCCD Board to verify the information contained within this scholarship application.		
Signature of applicant:	Date:	

Please attach one of the following: Current college transcripts, transcript of graduate courses and grades to date, or official acceptance letter from the College/University.

Return this application with attachment to the sponsoring KCCD chapter.