

**Kentucky Blood Center scholarship**

**Due April 31, 2017**

**Student must have participated in a blood drive this school year.**

2017-2018 Academic Year

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Applicant's Choice  
Of College for 2017-2018  
Academic Year:

\_\_\_\_\_

Applicant's proposed  
Major or Profession: \_\_\_\_\_

Applicant's present GPA: \_\_\_\_\_

**APPLICANT'S PARENT INFORMATION**

Name of Father: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Mother: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Attach a brief explanation regarding your desire to continue your education and what your future plans are.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant