

Mountain Heritage Festival Scholarship Form
\$250.00 Scholarship

This scholarship is available to High School Seniors, College Students , Vocational/Technical School Students as well as adults who may be returning to school as first time students or working adults seeking additional education for a career transition.

Name: _____

Address: _____

Date of Birth: _____ Telephone: _____ E-Mail _____

High School of Graduation: _____

Post Secondary School of Attendance: _____

Father: _____ Occupation: _____

Mother: _____ Occupation: _____

Siblings:

Spouse: _____ Occupation: _____

Children: _____

Your further Educational Plans/Goals as well as your Declared Major:

Will you be receiving financial aid from any other resource? If so , please list.

In brief statement, please explain how this Scholarship will benefit your educational plans: (please use additional paper if needed)

Please include a brief statement from a High School Counselor, Principal, recent Teacher or Employer recommending that you receive this scholarship.

2.5 Academic Standing, verified by: _____

(This must be completed by High School Guidance Counselor, Principal or Academic Advisor)

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Four (4) \$250.00 Scholarships will be awarded to a male or female student

Must possess an academic standing of 2.5 or above GPA verification by your guidance counselor and/or a transcript must accompany the application.

Must show financial need.

Must apply by completing an application : applications can be found at www.mountainheritagefestival.com or by calling 633-9644. School Counselors will also have applications.

Applications must be returned in its entirety to the Mountain Heritage Committee by :
April 30, 2017

Scholarship Check will be issued to the college at the time of registration.

If scholarship recipient changes educational plans (fails to enroll or withdraws) scholarship will be forfeited.

The Mountain Heritage Scholarship Committee will select scholarship recipient.

Announcement of the scholarship will be made in the two local newspapers.

By signing this application, I understand the guidelines as stated and that all of the information provided on this application and on the attached document is true and accurate to the best of my knowledge.

Student's Signature

Date

Return application **with photograph** by : **April 30, 2017** to the address below

Committee

Mountain Heritage Scholarship

P. O. Box 392
Whitesburg, KY 41858