



Please complete the application fully, and type or print as neatly as possible. **The deadline for submitting an application is February 15.** Application(s) should be submitted directly to: **Chairman of Scholarship Committee, Office of Admissions, Kentucky State University, 400 East Main Street, Frankfort, KY 40601**

## GENERAL INFORMATION

Name		Date	
Social Security No.	Sex	Race	Date of Birth
Home Address			
City	State	Zip Code	County
Email Address		Home Phone No.	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your intended major:			What is your Grade point:
Have you taken the American College Test (ACT) or the Scholastic Aptitude Test (SAT) administered by the Educational Testing Service? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ACT Composite Score:	ACT date:	SAT Composite Score	SAT date:
When do you expect to enroll at the University?			
Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring		Year	

## EXTRA-CURRICULAR & COMMUNITY ACTIVITIES

In what extra-curricular and community affairs have you been especially active?  
Please indicate the year(s) in which you participated in each activity.

(Year) to (Year)	Description of Activity

## PERSONAL STATEMENT

Please submit a 250-word, handwritten essay citing reasons for applying for the Academic Scholarship Award highlighting goals, leadership skills and abilities.

_____ Applicant's Signature	_____ Date
--------------------------------	---------------

The student named below has applied for a scholarship to Kentucky State University. As you know, the scholarships offered are quite liberal in size in relationship to costs at this institution, which are kept low as possible. However, the number of scholarships must be limited. Will you assist us in making our selection by giving us the information requested below? In addition, we would appreciate you writing any additional comments deemed appropriate in the space provided. All information given will be strictly confidential. Please include up-to-date transcript of applicant's high school record.

Name of Applicant		Date	
High School		School Telephone No.	
School Address			
City	State	Zip Code	County
How many students in applicant's graduating class:		What is his/her rank in that class:	

**How would you rank the applicant's chances for scholastic success in an educational program in which standards are constantly becoming more demanding? (Please check one)**

- Outstanding   
  Excellent   
  Good   
  Fair   
  Poor

**How would you rank the applicant's will to excel scholastically - his or her drive? (Please check one)**

- Outstanding   
  Excellent   
  Good   
  Fair   
  Poor

**Please suggest a phrase which you consider descriptive of the integrity and moral character of the applicant:**

**If these are available, please show below the ACT English, Mathematics, Reading, Science and composite Scores; or the SAT Verbal, Mathematics, and Writing Scores.**

SAT Scores

English \_\_\_\_\_ Math \_\_\_\_\_ Reading \_\_\_\_\_

Science \_\_\_\_\_ Composite \_\_\_\_\_

SAT Scores

Verbal \_\_\_\_\_ Math \_\_\_\_\_

Writing \_\_\_\_\_ Composite \_\_\_\_\_

**Any Additional Comments:**

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title