



KANSAS TRAPSHOOTING ASSOCIATION, 3432 E 117th St. N., SEDGWICK, KANSAS  
SCHOLARSHIP PERSONAL DATA

Fill out the information that is applicable to your scholarship

NAME		DATE OF BIRTH		SOCIAL SECURITY #	
HOME ADDRESS		CITY		STATE	ZIP
PHONE #		ATA#			
FATHER'S NAME		FATHER'S OCCUPATION			
MOTHER'S NAME		MOTHER'S OCCUPATION			
<b>EDUCATION AND ACADEMIC ACHIEVEMENTS</b>					
NAME OF HIGH SCHOOL / COLLEGE		LOCATION		HIGH SCHOOL GRADUATION DATE	
COLLEGE / UNIVERSITY CHOICE			MAJOR SUBJECT OF STUDY		
HIGH SCHOOL / COLLEGE GRADE POINT AVG.		HIGH SCHOOL CLASS RANK		NATIONAL TEST SCORE	
		NO: _____ OF _____		SCORE _____ TYPE _____	
HIGH SCHOOL PRINCIPAL / COLLEGE ADVISOR		PHONE #	STATE ATA DELEGATE / CERTIFIED INSTRUCTOR		PHONE#
INCLUDED WITH THIS APPLICATION: PLEASE CHECK					
TRANSCRIPT _____		<i>Recommendation Letter</i> _____		ESSAY OF NEED _____	
NATIONAL TEST SCORE _____			TRAPSHOOTING ACHIEVEMENTS _____		
OTHER INFORMATION:					

**SUPPLEMENTAL INFORMATION**

HIGH SCHOOL ACTIVITIES / COLLEGE (HONORS, CLASS OFFICES, COMMUNITY WORK, TRAPSHOOTING AWARDS, ETC)
OTHER INTEREST / HOBBIES
OTHER INFORMATION RELATIVE TO THIS APPLICATION OR FINANCIAL NEED
I affirm that the information contained in this application is true to the best of my knowledge and that the enclosed essay of need was prepared by me.
Signature _____ Date _____