

# COLT KIRKENDALL MEMORIAL SCHOLARSHIP

1 .	Last Name:			First Name:	
2 .	Mailing Address Street: City: <span style="float: right;">State: <span style="float: right;">Zip:</span></span>				
3 .	Daytime Telephone Number: (      ) Email Address:				
4 .	Date of Birth:	Month	Day	Year	Gender:
5 .	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.				
6 .	Are you the first person in your family to go to college: YES ___ NO ___				
7 .	Name and location of High School attending:				
8 .	<p>A. List any academic honors, awards and membership activities while in high school:</p> <p>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:</p> <p>C. List your non-school sponsored volunteer activities in the community:</p>				
9.	<p>A. If you have decided on what college you will attend, please list school name:</p> <p>B. If not, list your top 3 college choices:</p>				