



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

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		

EDUCATION AND ACADEMIC ACHIEVEMENTS

NAME OF HIGH SCHOOL	LOCATION	GRADUATION DATE
COLLEGE / UNIVERSITY CHOICE		MAJOR SUBJECT OF STUDY
HIGH SCHOOL GRADE POINT AVERAGE	CLASS RANK NO: _____ OF _____	NATIONAL TEST SCORE SCORE _____ TYPE _____
HIGH SCHOOL PRINCIPAL	PHONE #	STATE ATA DELEGATE / CERTIFIED INSTRUCTOR
		PHONE#
INCLUDED WITH THIS APPLICATION: PLEASE CHECK (X= Required Item)		
TRANSCRIPT _____ X REFERENCES _____ ESSAY OF NEED _____ X NATIONAL TEST SCORE _____ X TRAPSHOOTING RECORDS _____ X		
OTHER INFORMATION:		

SUPPLEMENTAL INFORMATION

HIGH SCHOOL ACTIVITIES (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 _____