

Mary F. Egan Scholarship Application

Last Name	First Name	Middle Name	
Address Street	City	State	Zip
Telephone Number(s)			
Request is for which school year?			
Do you have any disability you want the selection committee to consider? If yes please describe.			
Education (Transcript Required)			
	High School	Undergraduate College/University	Graduate/ Professional
School Name Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extracurricular activities.			
Describe any honors you have received			
If you have a relative working at KCCDD, please list name and relationship.			
References			
Give name, address and telephone number of three references who are not related to you.			
1. _____			
2. _____			
3. _____			
State any additional information you feel may be helpful to us in considering your application. Please feel free to add additional pages if necessary.			
Signature _____		Date _____	