

Region 4 KAPOS Cheer Scholarship

Name: _____ High School: _____

Address: _____

Cell #: _____ Parent's Names: _____

in household _____ Yearly Family Income _____

GPA: _____ Class Rank: _____ of _____ ACT Score: _____

Guidance Counselor's Name: _____

Where will you attend post-secondary school? _____

What do you plan to major in? _____

Will you be receiving any scholarship/financial assistance? If so, please indicate what you are to receive _____

(May attach additional pages if needed for information listed below)

Cheerleading Experience: _____

Awards / Honors: _____

Extracurricular Activities: _____

Community Involvement: _____

This form and the following items should be mailed to:

4th Region KAPOS Scholarship
Attn.: Melanie Harston
230 Walnut Creek Road
Scottsville, KY 42164

- I. A copy of your transcript
- II. A letter of recommendation from your coach, teacher, guidance counselor, **OR** principal
- III. A one-page essay answering the following two questions:
 - a. Why do you feel you deserve this scholarship?
 - b. How has cheerleading been an impact on your life?

Deadline to RECEIVE ALL forms for consideration is March 15