

Karnes City Community Chamber of Commerce

Scholarship Application

Date:		
Date.		

1. Name:		
2. Permanent Address:	City, State, Zip:	
3. Phone:	Email:	
4. Age:		
5. Name and Address of Parent:		
6. Number in household:	_	
General Information		
Present Overall Grade Point Average:		
2. Name of educational institution you plan to attend	d:	
3. What will you Major in and why?		
. Extra-curricular Activities and Organizations to w	hich you belong and have belonged:	

5. Have you provided services to your School? (Use additional sheets if necessary)
6. Have you provided services to your community? (Please state the importance of being involved in your community)
Applicant's Signature:
Application is to be submitted to Mrs. Scheffler, KCHS Counselor by May 4, 2023.

<u>\$500.00 Scholarship</u>

Funds will be distributed when letter of acceptance and proof of enrollment is provided.