

Kenneth and Alice Loggins Scholarship Fund APPLICATION

Name _____ Date _____

Address: _____

Telephone: _____

Parents' names: Father _____

 Mother _____

Lives with: ___ Father ___ Mother ___ both ___ other:

If other, please specify _____

Number in family _____ Total family income _____

Name of college attending _____

Anticipated college major: _____

High school awards, honors, and achievements _____

Give reason you would like to be considered for this scholarship:

Give your major interests, hobbies, and goals:

Name three (3) non-relative references:

| Name | Phone | Occupation or relationship |
|------|-------|----------------------------|
| 1. | | |
| 2. | | |
| 3. | | |

SAT or ACT score _____

Please provide transcript

Provide copy of college acceptance letter, if available.

RETURN TO MR. REYNOLDS BY FRIDAY, APRIL 14, 2017

I hereby authorize the Walker County Board of Education, its employees or designees (collectively referred to as "Board") to obtain any information the Board deems necessary in order to properly consider and evaluate this application.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____