Kelsey Mae Davis 2024 Memorial Scholarship For Academic Applicants

Applicant's Name:	Address:	
Cell Phone Number:	City, State, Zip:	
Email:		
POSTMARK Kelsey Mae Davis 2024 Memor	rial Scholarship by March 1, 2024	
Name & Address of Father/Guardian:	Name & Address of Mother/Guardian:	
	-	
Eath an's /Grandian's Occupation:	AA-th-sys/Crandian's Ossupation:	
Father's/Guardian's Occupation:	Mother's/Guardian's Occupation:	
Place of Employment:	Place of Employment:	
E il dati i de Transa fara TDC Franc	that I dill a long Thomas from TDC France	
Father's Adjusted Gross Income from IRS Form (if filing joint return, use this line)	Mother's Adjusted Gross Income from IRS Form:	
(II Thing Joint Peturit, use this line)		
Please add any additional information related incor	ne that you would like to include:	
Total number of dependent children (including appl	icant):	
Total number of family members in college or vocational school:		
Total number of family members in college or vocational school:		
	T	
Are you (applicant) currently employed?	Number of hours you work per week:	
	1 st Choice	
College on Vesskingel Cohool was plan to attend		
College or Vocational School you plan to attend:	2 nd Choice	
Have you been accepted:	No	
		
Major Field of Study:		
Van	NI ₋	
Have you applied for any other Yesscholarship(s) excluding local	No	
scholarships?		

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List Scholarship(s) you have received/amount:		
Are you eligible for a Pell Grant?	Have you received one?	Amount:
List Clubs/Activities/Community Service	/Awards:	
,,,		
State any unusual circumstances/hardsh	nips you feel need to be considered	l for this scholarship?

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ESSAY

- 1. In a <u>minimum</u> of 500 words, tell us your future plans and how this scholarship will aid you.
- 2. As a recipient of this scholarship, how will you in turn help others?

Please provide three Letters of Recommendations (please have a teacher provide 1 of the 3 Letters of Recommendation)		
How did you hear about the Kelsey Mae Davis Memorial Scholarship?		
If you have attended the Live Life to the Fullest Barrel Race, how drace?	did you hear about the barrel	
I hereby agree to follow the terms and conditions of the application process application and release of my school transcript by anyone representing the detranscript will be provided by the high school counselor. By signing this I also photos to be used in promotion of the Live Life to the Fullest Barrel Race and Scholarship.	onors of this scholarship. My so give permission for my name and	
Signature of Applicant:	Date:	
I am 18 or older: Yes No		
Signature of Parent or Guardian (if under 18):	Date:	
PLEASE NOTE: Failure to complete any portion of this application can be gro	ounds for disqualification.	

CHECKLIST:

- ✓ Completed all 3 pages of scholarship form!
- √ Wrote Essay
- ✓ OFFICIAL High School Transcript (Must be original provided by the high school)
- ✓ Official scores from the ACT or the SAT
- √ Provided 3 Letters of Recommendations for scholarship (at least 1 of 3 from a teacher)
- ✓ SIGNED my scholarship form!
- ✓ Provide the original scholarship form and attachments together with 5 copies, each stapled in the upper left-hand corner.
- ✓ Postmarked by March 1, 2024 to P. O. Box 30, Loving, NM 88256