



Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ - _____ - _____

Date of Birth: ____/____/____

Relationship to active member: _____

High School: _____ Graduation Date: ____/____/____

College or University Attending: _____

All applications for the scholarship must be received by March 30th in the office of the committee chairperson. All applicants will submit a typed resume of the information outline on the second page of this form and will also indicate in writing why he/she feels they should be considered for this scholarship.

By checking this box, I certify that the information contained in the application is factual to the best of my knowledge.

Signed

Email completed form or mail to:

Brittany Hall

415 Broad Street

Kingsport TN, 37660

423-430-2489

BrittanyHall@KingsportTN.gov