



KINGFISHER ROUND UP CLUB

Kingfisher County SCHOLARSHIP APPLICATION

DATE: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PARENT OR GUARDIAN: _____

ARE YOU A MEMBER OF KINGFISHER ROUND UP CLUB: Y _____ N _____

SCHOOL YOU ATTEND: _____

GPA: _____ CLASS RANK: _____

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND: _____

MAJOR COURSE OF INTENDED STUDY: _____

GIVE A BRIEF SUMMARY (75-100 WORDS) OF YOUR CAREER GOALS AND HOW YOU PLAN TO ACHIEVE THEM.

APPLICATION DEADLINE: 2ND TUESDAY IN MARCH

QUESTIONS: CALL LACEY 405.850.3261

*** FUNDS FOR SCHOLARSHIP EXPIRE ONE YEAR FROM DATE OF ISSUE