

SANTA FE TRAIL AUTO CLUB AUTOMOTIVE SCHOLARSHIP
P.O BOX 455, LARNED, KS 67550-0455
Application Form

Name _____ S.S. # _____
 Last First Middle

Address _____ City/Zip _____

Date of Birth _____ Home Phone _____

Parent(s) or Guardian _____

Address if different from Student _____

Father's Employer _____

Address _____ Work Phone _____

Mother's Employer _____

Address _____ Work Phone _____

List all class and school activities(i.e. memberships, offices, awards, honors, sports).

List your employment experience prior to graduation.

What school do you plan to attend? _____

What automotive field do you plan to pursue? _____

Explain briefly how you feel your high school, employment, and other activities may contribute to the successful completion of your education.

Please describe your plans following the completion of your education.

Please explain why you feel you are qualified for this scholarship and how it can support your educational goals.

IN ORDER FOR THIS APPLICATION TO BE CONSIDERED, A COPY OF YOUR OFFICIAL HIGH SCHOOL TRANSCRIPT MUST BE ENCLOSED.

I declare that the information in this application is true, correct, and complete to the best of my knowledge and belief and I give permission to the Santa Fe Trail Club and Scholarship Committee to verify the information stated.

Applicant's Signature

date

Parent or Guardian Signature

date