

Application For: KAPE Family Member Scholarship KENTUCKY ASSOCIATION of PROFESSIONAL EDUCATORS

269 Regency Circle, Suite 2 – Lexington, KY 40503

Phone- 888-438-7179 Fax- 859-368-9726 email: info@kentuckyteachers.org www.kentuckyteachers.org

Date:			
Name	PERSONAL Email:		
Address:	City:	State	Zip
Telephone ()			
School	County/District		
Position:	Subject		Grade
Name of Recommending KAPE member:			
FOCUS: A graduating senior who is recommen	ded by a KAPE family membe	er.	
Limitations: Family member scholarships mar Family member: child, niece/nephew, grandch		mily members pe	r KAPE member nominee
These scholarships will be awarded to graded education in a program leading to a vocational/technical schools.) The scholarship	two/four year certification	' '	, ,

Requirements:

Completed application postmarked or received by March 15
Minimum GPA 3.5
Minimum ACT score of 23
Copy of current high school transcript
2 letters of recommendation from high school teachers or administrators with no familial relation
Essay (minimum 300 words) Entitled: In five years, I will be....

Please attach required documentation and submit via mail, email or fax to addresses provided above.