

# KILTED Public Service Scholarship Fund

P.O. Box 2251  
Easley, S.C. 29641

## SCHOLARSHIP APPLICATION

### 1. Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Address

Mailing Address

\_\_\_\_\_  
City or Town

State

Zip Code

Phone Number: \_\_\_\_\_

Home

Cell

### 2. High School Information

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town

State

Zip Code

High School Graduation Date: \_\_\_\_\_

Year

### 3. College or University Information

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town

State

Zip Code

College Enrollment Date: \_\_\_\_\_

Year

Other Colleges Attended: \_\_\_\_\_

Degree Pursued: \_\_\_\_\_

4. **Reason for Request for Financial Assistance:** (describe needs and specific use of funds)

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5. **Is individual or family receiving any other form of assistance or aid for above stated request (donations, insurance, etc.)? Yes \_\_\_\_\_ (Describe below) No \_\_\_\_\_**

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**6. Employment Information**

Name, Address, and Phone Number of most recent 3 Employers.

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Name		Phone	
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Address	City	State	Zip Code
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Dates of Employment: \_\_\_\_\_

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Name		Phone	
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Address	City	State	Zip Code
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Dates of Employment: \_\_\_\_\_

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Name		Phone	
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Address	City	State	Zip Code
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Dates of Employment: \_\_\_\_\_

**7. Please list three references.** (Must not be a director or employee of KILTED Public Service Scholarship.)

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Name	Phone	Email
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Address	City	State	Zip Code
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Name	Phone	Email
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Address	City	State	Zip Code
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Name	Phone	Email
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Address	City	State	Zip Code
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**The information contained in this application is for the purpose of obtaining funding from the KILTED Public Service Scholarship Fund on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the KILTED Public Service Scholarship Fund may consider the application as continuing to be true and correct until a written notice of a change is provided. The KILTED Public Service Scholarship Fund is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein.**

**By signing below, the undersigned hereby acknowledges and agrees that the use of any funds granted to the applicant pursuant to the application shall be restricted to addressing the needs described in Section 4 of this application and shall remain subject to full or partial recoupment within the discretion of the KILTED Public Service Scholarship Fund if it is determined that the applicant has failed to comply with this restriction. The undersigned further agrees to comply with reasonable written requests made from time to time by the KILTED Public Service Scholarship Fund regarding the use of any funds granted pursuant to this application in accordance with the foregoing restriction,**

**which requests may include without limitation the provision of reasonable supporting documentation. The undersigned further consents to the publication of the information contained in the application and the financial assistance awarded by KILTED Public Service Scholarship Fund in required government reports and in KILTED Public Service Scholarship Fund's promotional materials, irrespective of the medium used.**

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**Signature of applicant**

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**Date**