**KENTUCKY 2A STATE CHAMPIONSHIPS** 

**SCHOLARSHIP FOUNDATION 2024-25 YEAR**

**GENERAL INFORMATION**

The KENTUCKY 2A STATE CHAMPIONSHIPS is pleased to announce the availability of non-renewable scholarships/grants-in-aid awarded annually to deserving seniors from Kentucky’s eligible high schools who will be continuing their education at a post-secondary school.

**ELIGIBILITY CRITERIA**

To be eligible, an applicant must:

1. Be a U.S. citizen or in the process of obtaining citizenship and a Kentucky resident;

2. Be a senior student in good standing at a Kentucky high school that is a member of the KENTUCKY 2A STATE CHAMPIONSHIPS;

3. Plan to attend a post-secondary institution in the State of Kentucky in the upcoming year as a full-time student;

4. Be Drug Free;

5. Submit an accurate and complete application by the designated deadline;

6. Must be an athlete from a member school of the KENTUCKY 2A STATE CHAMPIONSHIPS

For further information or questions please email:

**AWARD AMOUNT**

In 2024-25 Eight (08) $500 dollars and Two (02) $1000.00 scholarships will be awarded to senior students athletes of a Kentucky 2A Championships School that are planning to attend any post-secondary institution within the state of Kentucky. This includes public and private colleges/universities, community colleges, and vocational & technical schools. Funds will be disbursed directly to students upon proof of enrollment.

**APPLICATION PROCESS**

All Applicants Must:

1. Carefully complete all parts of the scholarship application. Please type or fill out in ink. 2. Obtain letters of recommendation from two (2) school officials including one from an administrator.

3. Submit:

* Completed application and signed release form
* Two (2) Letters of recommendation
* Transcript
* A short essay of how sports has impacted your life.
* Note: These four items must be submitted before the application can be considered. The Scholarship Application\* must be postmarked by March 1st, 2025. \*Please mail in a 10 X 13 envelope unless counselor mails it in bulk.

**APPLICATION KENTUCKY 2A CHAMPIONSHIPS SCHOLARSHIP FOUNDATION 2024-25**

PERSONAL INFORMATION:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home email (school if none) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KY Resident: Yes \_\_\_ No \_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Basketball Region \_\_\_\_\_\_\_

What sport(s) are you participating in your senior year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which Kentucky post-secondary institution do you plan to attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY INFORMATION: (**Information kept confidential**)

Family Income:

\_\_\_Under $30,000 \_\_\_$30,001 -- $40,000 \_\_\_$40,001 -- $50,000

\_\_\_$50,001 -- $65,000 \_\_\_$65,001 -- $85,000 \_\_\_Over $85,000

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name of Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

Name of Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Dependent Children in the Household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACADEMIC INFORMATION

***(This form must be completed by the High School Counselor or Principal)***

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total # in Graduating Class: \_\_\_\_\_ Applicant’s Rank: \_\_\_\_ Overall Grade Point Standing: \_\_\_\_

Test Results where applicable: ACT: Standard scores: Composite \_\_\_\_ English \_\_\_\_ Math \_\_\_\_

Reading \_\_\_\_ Science Reasoning \_\_\_ SAT: Verbal \_\_\_\_\_ Math \_\_\_\_ Combined \_\_\_

**Please attach copy of High School Transcript**

Signature of Counselor/Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor’s Email (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular Activities: (May Attach Data) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Honors and Awards: (May Attach Data) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Activities: (May Attach Data) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you now employed? Yes \_\_\_ No \_\_\_ If so, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long? \_\_\_\_\_\_\_\_\_\_\_\_ Duties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have received other scholarships please list and state amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*Please WRITE and INCLUDE a short essay telling us about yourself and how sports has impacted your life.**

**I AUTHORIZE THE SCHOOL TO RELEASE THIS ACADEMIC INFORMATION TO THE KENTUCKY 2A STATE CHAMPIONSHIPS AND IF MY CHILD IS CHOSEN TO RECEIVE A SCHOLARSHIP, I GIVE PERMISSION FOR MY CHILD'S NAME AND PICTURE TO BE USED BY THE KENTUCKY 2A STATE CHAMPIONSHIPS FOR PROMOTIONAL PURPOSES AND ON THEIR WEBSITES AND SOCIAL MEDIA.**

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby declare that I am Drug Free.

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

Submit To:

Kent Akin

690 Sugar Creek Road

Dawson Springs KY 42408

Application Must be Post Marked by March 1st, 2025

If have questions can email me at kentakin84@gmail.com