The John R. Turner Scholarship Fund

The dawning of a new day for Breathitt County!

Application Cover Page

Have you ever received this scholarship before? (circle one) Yes No

Note: If yes, complete only: Application cover page, Copy of most recent tax forms, Two (2) recommendation forms and Updated official transcript.

Name:_____ Date:_____
(Last) (Middle) (First)

Social Security Number:_____ Date of Birth_____

Address:_____
(Street) (City) (State) (Zip)

How long have you been a resident of Breathitt County?_____

Home Phone:_____ Work:_____

Email Address_____ Current Grade Level_____

Name of Parent(s)/ Guardian_____

High School Attending:_____

Where do you plan to attend college?_____
(Name) (Address) (Phone)

Or

Where did you graduate High School?_____

College Attending_____
(Name) (Address) (Phone)

Field of study_____ Anticipated Degree_____

Are you receiving any other grants or scholarships? (circle one) Yes No

If yes, please list:

Scholarship	Amount

In case of emergency, please contact: _____

Relationship _____