



# Code Administrators Association of Kentucky

www.caak.org



## SCHOLARSHIP APPLICATION

APPLICANT NAME: \_\_\_\_\_  
Last First MI

HOME ADDRESS: \_\_\_\_\_  
Number & Street

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
City State ZIP

E-MAIL ADDRESS: \_\_\_\_\_

### CAAK MEMBER:

\_\_\_\_\_  
Name Membership Number Relationship to Applicant

\_\_\_\_\_  
Employer/Department

\_\_\_\_\_  
City State Zip Code

### WORK ADDRESS:

\_\_\_\_\_  
Number & Street

\_\_\_\_\_  
City State Zip Code

WORK PHONE: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### WHICH SCHOLARSHIP ARE YOU APPLYING FOR?

Code Related Studies Award \_\_\_\_\_ Tommy Larrison Award \_\_\_\_\_  
Joel Scarbrough Award \_\_\_\_\_ Robert Blanton Award \_\_\_\_\_

List all high schools, colleges, universities and trade schools you have attended.

Name of School Dates: Grade Pt Avg. Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List all employers, starting with the most recent:

Name:	Address	Job titles	Dates
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List Membership in clubs, volunteer groups, etc.


The institution you plan to attend when utilizing this scholarship:

Name	Address	City/State	Phone Number
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The field of study you have chosen to pursue: \_\_\_\_\_

The term for which the scholarship is sought: \_\_\_\_\_

Tuition cost per semester: \$ \_\_\_\_\_

**Statement of applicant:**

In applying for consideration, I am aware that the scholarship is to be applied toward tuition only unless otherwise specified. In the event that my tuition cost does not equal the full amount of the scholarship awarded, I understand that I will receive only the amount for the tuition.

If granted a scholarship, it is my intention to remain a full time student (as defined by the Institution) for the term(s) for which the scholarship is applied.

I verify that all information submitted is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Send completed application to:

C/O Jim Branham  
3608 Afton Place  
Lexington, KY 40515

Code Administrator Association of Kentucky  
Scholarship Application

**HIGH SCHOOL AND/OR COLLEGE TRANSCRIPT REQUEST**

The below listed high school/college has my permission to release my official transcript to the scholarship sponsor.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

INSTRUCTIONS

High school/college officials are requested to complete this form, attach a copy of the student's official transcript, including grades achieved and forward to the scholarship sponsor. Transcript must be received by the scholarship sponsor on or before July 1 prior to the scholastic year.

Scholarship Sponsor: C/O Jim Branham  
3608 Afton Place  
Lexington, KY 40515

PROVIDE THE FOLLOWING INFORMATION EVEN IF GIVEN ON THE TRANSCRIPT.

Student's Name: Last First Middle

Student's address: \_\_\_\_\_

Name & address of institution issuing transcript \_\_\_\_\_

Institution accredited by: \_\_\_\_\_

Student's date of attendance - FROM: TO:

Cumulative grade point average (Institution) \_\_\_\_\_

SAT Verbal SAT Math Date of Test

ACT Composite \_\_\_\_\_

High school class size: Applicant's High school class ranking

This must be completed and may be based on the most recent information available, if final results are not completed.

Remarks by counselors or teachers that may be beneficial to scholarship sponsors. \_\_\_\_\_

\_\_\_\_\_

Typed Name of School Official: Title: \_\_\_\_\_

Signature of School Official: Date: \_\_\_\_\_

**\*\*\*\*\*OFFICIAL COPY OF TRANSCRIPT MUST BE ATTACHED WITH THIS FORM\*\*\*\*\***

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REFERENCE FORM**

Please complete and return this form on or before July 1 prior to the scholastic year. It is preferred that teachers, counselors or employers complete the reference form. If not in school or working, a personal reference is acceptable.

RECOMMENDATION CONCERNING:

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Submitted by: \_\_\_\_\_  
Name of Reference

Job Title: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

1. What is your relationship to, or in what capacity have you come to know the applicant?
  
  
  
  
  
  
  
  
  
  
2. What are some qualities of this applicant that lead you to believe he/she merits a scholarship?
  
  
  
  
  
  
  
  
  
  
3. Do you know of any personal circumstances that might interfere with the applicant's success as a student or the utilization of the scholarship funds in a suitable manner?
  
  
  
  
  
  
  
  
  
  
4. Additional comments (attach additional pages if necessary):

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**  
C/O Jim Branham  
3608 Afton Place  
Lexington, KY 40515