



# KAGRO of Washington

## 2020 Scholarship Application Form

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

College or University: \_\_\_\_\_

GPA (High School GPA for Freshman): \_\_\_\_\_

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

KAGRO Member's Business Name: \_\_\_\_\_

### Honors and Awards

Honors / Awards	Date	Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Work Experience

Specific nature of work	Employer	Approximate dates of employment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### School and Community Activities

Activity	Approximate time spent	Positions held
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

◆ Please write essay on separate sheet of paper and submit with this application.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_