

KHPA Youth Scholarship (pg 1)  
To be completed by applicant.

APPLICATION

(Application is to be **hand written** by applicant—not typed)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ zip \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Summary of your involvement in school, community, church and other youth or civic organizations \_\_\_\_\_

\_\_\_\_\_

Write a brief paragraph on why you are interested in bees and beekeeping and what you hope to accomplish if you are chosen for this scholarship.

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Please **attach** to application a letter of reference from teacher, community leader, organization leader ( 4-H, FFA, Boy Scouts or Girl Scouts)

Name of person providing reference \_\_\_\_\_

Do you know a beekeeper? Y/N If yes, name and address: \_\_\_\_\_

\_\_\_\_\_

How did you learn of the scholarship program?

\_\_\_\_\_

