

Richard E. Keith Memorial
Scholarship Program
Application

Name _____
Last First Middle

Home Address _____
Number and Street

City or Town Zip

Home Telephone Date of Birth

Institution and Course Information

Name of Institution _____ Starting Date: _____

Address _____

Course Major _____

I declare that all statements herein are complete and correct tot the best of my knowledge.

Applicant's Signature _____ Date: _____

Endorsement by Scholarship Committee

Not Recommended

Reasons _____

Signature _____ Date: _____