

Ralph W. Bailey Scholarship

Name _____ Date of Birth _____ Sex M__F__

Address _____

Phone _____ Number of dependents in family, excluding you ____

Will you receive money from other scholarships? _____ How Much? _____

Name of institution you plan to attend? _____

Major area of study _____

List any awards or honors you have received (attach additional pages if needed)

List 2 school references (teacher, principal, counselor) – Name and phone number

1.

2.

Mother's name and address _____

Father's name and address _____

Student's signature _____ Date _____

Attach a 200 word essay addressing why you deserve and need this scholarship.

Include a transcript, with GPA, class rank and ACT scores

Mr. Bailey's family will select the recipient for the \$1,000.00 (\$500 per semester). Student must have a high school GPA of at least 2.75 and maintain this GPA while in college. Student must enroll as a full time student, taking at least 12 credit hours.

Application deadline is May 1

Must mail application to Mrs. Betty Bailey, PO Box 525 Owingsville, Ky. 40360

Or 44 East Main St. Owingsville, Ky 40360 Phone: 674-2051

Winner must submit 2nd semester grades to Mrs. Betty Bailey by January 4

Certificate of award will be presented to recipient on Senior Honors Night at BCHS

Parent/guardian place of employment/yearly income _____