

**MANAGEMENT, MARKETING, & INTERNATIONAL BUSINESS**  
**Kentucky Motor Transport Association Scholarship Application Form**  
**2016-2017**

**Directions: Please print or type.**

Name: \_\_\_\_\_ EKU ID #: \_\_\_\_\_

Street/Route Address: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

[ ] Incoming Freshman High School Grade Point Average: \_\_\_\_\_

[ ] Current EKU Student (If Transfer or EKU Student, Current GPA: \_\_\_\_\_)

[ ] Transferring Student: From What School? \_\_\_\_\_

ACT Composite Score: \_\_\_\_\_ English: \_\_\_\_\_ Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Scientific Reasoning: \_\_\_\_\_

Name of High School from Which You Graduated or Will Be Graduating: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Name of Guidance Counselor: \_\_\_\_\_

# in Graduating Class: \_\_\_\_\_ Your Rank in the Class? \_\_\_\_\_ # of College Hours Earned: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Intended (or Current) Field of Study (Major): General Business-Supply Chain Management

By signing below, I understand and agree to abide by the requirements/terms described for the Kentucky Motor Transport Association Scholarship. I verify that all information provided is accurate. This signature gives permission for the Scholarship Committee to review any academic records.

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

**Send Application by March 1<sup>st</sup> to:**

Dr. Lana Carnes

Kentucky Motor Transport Association Scholarship Committee

Department of MMIB

Business & Technology Center 011

521 Lancaster Avenue

Eastern Kentucky University

Richmond, Kentucky USA 40475-3102

Phone: 859.622.1377

Fax: 859.622.2359