

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 1st 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

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