

KAZIMOUR SCHOLARSHIP APPLICATION

PLEASE TYPE

Name: _____

Last First Middle Initial

SS#: _____ ANTSHE Membership Number _____

Date of Birth: _____

Address: _____

Street

City State Zip

Phone: (____) _____ (____) _____

Home Work

Institution: _____

Name

Address (City, State, Zip)

Student Status: ____2 yr. College ____4 yr. Coll/Univ ____Grad School

Please list any college or community activities

PLEASE ATTACH NOMINATION LETTER, PERSONAL STATEMENT,
TRANSCRIPT (S) AND MAIL TO:

Stacie Wolbert

Chair, Kazimour Scholarship Committee

Clarion University of PA

82 N 5th Avenue

Clarion, PA 16124

Duplicate copies of the application may be made, however the applicant must be a member of ANTSHE with a valid membership number.