

KIMBALL HIGH SCHOOL NATIONAL ALUMNI ASSOCIATION

U. H. PRUNTY SCHOLARSHIP - 2024

This award is available to 2024 High School Graduates. Applicant must be a direct relative of a KHSNAA member **whose membership is currently active and was active during the previous year**; or a former member who is now deceased.

Application Guidelines and Instructions

1. The application must be typed or printed.
 2. The following must be submitted with the application:
 - a. Official high school transcript of grades;
 - b. An essay of at least 300 words supporting your application;
 - c. A minimum of one (1) letter of recommendation from other than relatives (**dated and within one year of application submission**).
 - Letters of recommendation from professional organizations should be **dated and on letterhead**.
 - All other letters of recommendation should be **dated and signed**.
 3. Unofficial transcripts may be submitted at time of application for evaluation; however, official transcripts **must be submitted by 20 August or prior to** the scheduled annual reunion to be awarded.
 4. After the commencement of attendance at your college/university for the 2024-2025 school year, you must provide an official Verification of Attendance from your registrar's office.
- NOTE:** Funds will not be released until verification has been received.
5. Completed application, including items a., b., and c. above must be postmarked by **August 10, 2024**, and E-mailed to (jcabbell1@aol.com) or Postal Mail to:

**JANICE CABBELL, Chairperson
KHSNAA National Programs Committee
32 Carrollwood Drive
Tarrytown, NY 10951
Telephone: (914) 414-5783**

KIMBALL HIGH SCHOOL NATIONAL ALUMNI ASSOCIATION

U. H. PRUNTY SCHOLARSHIP APPLICATION - 2024

NAME _____

ADDRESS _____

City State Zip Tele. No.

COLLEGE/UNIV _____ MAJOR _____

List significant awards, co-curriculum activities, honors, work/volunteer activities, etc.

Write a statement indicating the significance of this award to you (this is separate from essay).

DESCENDANT OF: Name _____

Address _____

City State Zip

Nature of Relationship: _____

i.e., Parent(s), Grandparents, Uncle, etc.

Applicant Signature _____ Date _____

Completed application must be postmarked by August 10, 2024