

PNKCA Scholarship Application



Date: _____

Applicant Information

Name	
Street Address	
City ST ZIP Code	
Best Contact Phone	
E-Mail Address	

Program Choice

Which Program of Study are you pursuing

___ AKCA KHA Program

___ K.O.I. CKK Program

Club Affiliation

Club Name	
Club Contact Name	
Club Contact Phone #	
Club Contact Email Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that the scholarship criteria is set forth by the applicant's home club and disbursement of the \$100.00 application fee is done by the applicant's home club

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in the PNKCA scholarships.