

KFAD Scholarship Application

Please fill out the following information for consideration by the scholarship committee.

I, (name) _____, certify that the household income of my Rock County family of _____ persons is at or below \$_____.

Signature: _____

Date: _____

Reviewed and approved by:

Signature: _____
Dustin Rondeau, KFAD Treasurer

Signature: _____
Sara Smith, Scholarship Committee

Date: _____