



BOBBY HORNSBY MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ E-mail: _____

School currently attending: _____ Date of birth: _____

Parents' Names: _____

Describe the major course of study you plan to pursue: _____

List your school activities, achievements and honors: Varsity Cross Country all four years, Track, and Secretary of Business Professionals of America

List other activities you have been involved with (work, church, community, volunteer, etc.):

Please submit the following with this application form:

- Copy of the applicant's High School transcript.
- Two letters of recommendation:
 - One from a teacher, counselor or administrator in the applicant's school district.
 - One from someone outside the applicant's school district.
- A short essay describing what the word hero means to you.
- A short essay on the importance of community service.

Please return your completed application packet to Kimberly Wagner at Kimberly.Hornsby.Wagner@gmail.com or 307 E. Libra, Killeen, Tx 76542, no later than April 25, 2016. Late applications will not be accepted.

LEAF does not discriminate on the basis of race, religion, color, national origin, sex, or disability or any other basis, as prohibited by law.

APPLICATION AND TRANSCRIPT REQUEST DUE TO THE KHS REGISTRATION OFFICE BY APRIL 19TH!

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