



# 2009–2010 Mary Jo Young Scholarship Application

The Mary Jo Young Scholarship, sponsored by the Kentucky Higher Education Assistance Authority, provides assistance with tuition and textbooks for high school students who are enrolled in dual credit classes at a Kentucky college or university and/or Advanced Placement courses through Kentucky Virtual Schools. Students taking AP courses will need to complete this application AND register for the course through the Kentucky Virtual Schools. Go to [www.kyvs.org](http://www.kyvs.org), click on the KVHS tab, then on the application link.

**Applications must be submitted by May 15, 2009**

**PLEASE PRINT**

**Student Name:** \_\_\_\_\_  
First Middle Initial Last

**Address:** \_\_\_\_\_  
Street/P.O. Box City State ZIP

**Birth date:** \_\_\_\_\_ **SSN** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Grade level for 2009–2010:** 9  10  11  12

**Ethnicity:** Black (not Hispanic)  Asian  White (not Hispanic)  Hispanic   
Native American  Other \_\_\_\_\_

**Parents' highest level of school completed:**

**Father** Middle school  High school  Some college  College degree   
**Mother** Middle school  High school  Some college  College degree

**Name of high school:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**County:** \_\_\_\_\_

**If awarded, will this scholarship be used for:** Dual credit courses  AP courses  Both

**How many courses will you sign up for?**  
The scholarship cannot exceed a total of two courses per semester. \_\_\_\_\_  
Dual credit Fall semester AP Fall semester Dual credit Spring semester AP Spring semester

**At which college will you take dual credit courses?** \_\_\_\_\_

By signing this application, I certify all information reported to be accurate and true to the best of my knowledge. I further agree that if I am awarded a Mary Jo Young Scholarship, I will complete the courses for which funds are provided.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that this student qualified for free or reduced lunch during high school.  Yes  No

If yes, list qualifying years \_\_\_\_\_

**Name of guidance counselor:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Counselor signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send completed application to:  
**KHEAA**  
**Mary Jo Young Scholarship Program**  
**P.O. Box 798**  
**Frankfort, KY 40602-0798**