

**KENTUCKY MARINA ASSOCIATION
GARY SHARP MEMORIAL
SCHOLARSHIP APPLICATION**

LAST: _____ FIRST: _____ MIDDLE: _____

ADDRESS STREET: _____

CITY: _____ STATE: _____ ZIP: _____

Telephone: _____ Cell Phone (optional): _____ E-Mail: _____

Date of Birth: _____

High School Attended: _____ School Phone: _____

Guidance Counselor: Name: _____ Phone: _____

Signature: _____

Weighted GPA: _____ Unweighted GPA: _____

Class Rank: # _____ Out Of _____

Kentucky Marina Association Member Sponsor: _____

College/School You Attend or Plan to Attend: _____

Major or Discipline Intended: _____

Prior Marine Industries Experience (prior experience not required):

Candidate Signature: _____ Date: _____

Please Submit by Mail

Kentucky Marina Association
15616 State Route 120
Providence, Kentucky 42450

Telephone: 270-388-2532