

**Andreas Killian Descendants Historical Association
(AKDHA)**

Scholarship Application

Applicant Information

Name: _____

Address (Home): _____

Phone (Home): _____ Date of Birth: _____

I am applying for the following award: ___ Vocational/Technical ___ College

Secondary School Information

School Name: _____

Address: _____

Principal: _____ Phone: _____

Graduation Date: _____ ACT/SAT Scores: _____

College/Vocational/Technical School Information

Institution Name: _____

Address: _____

Expected Date of Enrollment: _____

Parent/Guardian Information

Name: _____

Address: _____

Phone: _____ Email: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Return completed form and all attachments to:
Steven A. Killian, President
Andreas Killian Descendants Historical Association
2041 36th St. NE
Hickory, NC 28601
Email: killianpainting@gmail.com