

**SCHOLARSHIP APPLICATION**

**RETIRED EMPLOYEES OF KERN COUNTY (REOKC)**

1. NAME \_\_\_\_\_
2. BIRTH DATE \_\_\_\_\_
3. STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
4. YOUR HOME PHONE \_\_\_\_\_ YOUR CELL PHONE \_\_\_\_\_
5. EMAIL ADDRESS \_\_\_\_\_
6. RELATED REOKC MEMBER'S NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_
7. HIGH SCHOOL NOW ATTENDING \_\_\_\_\_
8. SCHOOL YOU PLAN TO ATTEND THIS FALL \_\_\_\_\_  
  
(NOTE: ENROLLMENT CONFIRMATION WILL BE REQUIRED FROM THE ATTENDANCE OFFICE OF THE ACCREDITED INSTITUTION LISTED.)
9. YOUR MAJOR/CAREER GOAL \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION**

I hereby certify that the information presented on this application is accurate to the best of my knowledge. I authorize the Retired Employees of Kern County Association (REOKC) to release my application and transcripts to any committee or organization wishing to consider me for a scholarship. I understand that whatever information is provided to the Scholarship Committee will be held in confidence and will be used solely for the purpose of scholarship selection. I authorize REOKC to release information for publicity purposes. I waive my right to access the recommendations submitted in support of my application.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_