# 

Kentucky Federation of Republican Women

2025 Scholarship Program

The Kentucky Federation of Republican Women grants a $1,500.00 scholarship to a college-bound high school senior girl who has been *politically active within the Republican Party*. The qualified applicant will graduate from a Kentucky high school in 2025, is or will be a registered Republican, and plans to enroll at an accredited college or university in Kentucky.

The complete application will include the following:

* Completed application form
* A one-page typed essay about a Republican woman you admire or who has influenced your life and why
* An official copy of your high school transcript, which may be mailed separately
* Two letters of recommendation

The completed application must be mailed with a postmark no later than Monday. March 31, 2025, to:

Patty Harman

KFRW Scholarship Chair

134 Paul Revere Drive

Georgetown, KY 40324

**KFRW Scholarship Application Form**

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| --- | --- | --- |
| Name: | | |
| Street address: | | |
| City: | State: | ZIP: |
| Phone: | Email address: | |
| Proposed college or university: | | |

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| Please give a summary of your ***political activities within the Republican Party***. If more space is needed, please attach additional information. (Please keep in mind that becoming a registered voter is *not a political activity*. **School club activity should not be included in this section**. Please include school club activity in your list of high school activities.) |
| Summary of community and/or church activities: (If more space is needed, please attach additional information). |

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| --- | --- | --- |
| High School Information | | |
| Name of High School: | | |
| Street address: | | |
| City: | State: | ZIP: |
| Anticipated graduation date: | Cumulative Grade Point Average: | |
| Summary of high school activities and achievements: (If more space is needed, please attach additional information) | | |
| I verify that the information in this application is true and accurate to the best of my knowledge.  Signature of applicant: Date | | |