



KAMFES

Kentucky Association of Milk, Food and Environmental Sanitarians

The Judy Inman True Scholarship

(Attach additional sheets if necessary)

First Name _____ Last Name _____ Middle Initial _____
Home Address _____ City _____ State _____ Zip _____
School Address _____ City _____ State _____ Zip _____
Telephone [home#] (____) _____ [work#] (____) _____ [cell#](____) _____
Date of Birth ____ / ____ / ____ I.D. # ____ - ____ - ____
Email address _____

Name of College /University _____
Address _____ City _____ Zip _____
Name of Advisor: _____ Telephone#(____) _____
Declared Major or Course of Study: _____
Degree Type: Bachelor's Master's Other _____
Are you a full-time student? (12 or more hours per semester) _____
Grade Point Average: _____ Hours completed toward major: _____
Current Place of Employment _____ Title _____
Address _____ City _____ State _____ Zip _____

What are your career goals? (You may attach this information and/or include career history)

Why do you desire this scholarship?

List any honors, achievements, involvement in organizations, etc.:

Signature _____ Date _____

Please submit a complete grade transcript of courses for all previous semesters, documentation of current enrollment and a cover letter from an Academic Advisor/ Professor in their area of study and from the Institution in which they are enrolled.

All applications and accompanying materials must be submitted and postmarked no later than **Oct. 31.**

Send completed applications to: KAMFES SCHOLARSHIP COMMITTEE, P.O. Box 1464, Frankfort, KY 40602. For further information please email the Scholarship Chair at kendrag.palmer@ky.gov or call (502) 564-7382.