

Kathryn G. Hansen Scholarship 2019-2020 Application

Name: _____

Address: _____

High School: _____

Address: _____

Year in school for 2019-2020: _____

Full time student: ____ yes or ____ no

Graduation date (month & year): _____

GPA: _____ / _____

Co-Curricular and community activities involved:

University or college attending Fall 2020: _____

City: _____ State: _____

College major: _____

Resident of Illinois: ____ yes or ____ no

Citizen or permanent resident of the United States: ____ yes or ____ no