

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

**Scholarship Application**

**Applicant Information**

Name: \_\_\_\_\_  
Address (Home): \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Secondary School Information**

I am applying for the following award: Vocational/Technical \_\_\_\_\_ Jr. College \_\_\_\_\_ College/University \_\_\_\_\_

High 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 (Home): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form and all attachments to:

Andreas Killian Descendants Historical Association  
Attn: Scholarship Application  
P.O. Box 3272  
Hickory, NC 28603