

Savoy Kanary Kats Scholarship Application In Memory of Harold Rice Must be received by November 30, 2024

ELIGIBILITY – Either parent, grandparent or student must be a member of the Savoy Kanary Kats and be attending a 2–4-year college.

lame of Applicant		
Address		Phone
Name of School Attended		
Address		
Date of Graduation		
Name of College, University or Vocational Scho	ol	
Address		
Date of Starting Study Above	Major Area of Study	
Are you employed?	Year-Round	Summer Only
Employer's Name		
Name of Savoy Kanary Kat Member).
List activities you have been involved with in you	ur community	
Please Attach: 1. An official high school or college transcript, 2. Recommendations in writing by at least two 3. Proof of acceptance at the listed college, ur 4. Write a typed essay about snowmobiling in you) not to exceed 250 words. The above statements are certified to be true ar	(2) teachers or employers. hiversity, or vocational school. your state (economy, trails, environme	
Signed	Date	