Kentucky Trapshooters’ League (KTL)

501(c)(3) & 509(a)(2) IRS Tax Exempt Charitable Organization

FEIN: 23-7175499

*Kentucky Youth Fund Scholarship Application*

All interested applicants should carefully review these requirements and the instructions to apply for a Kentucky State Youth Fund Scholarship.

*Amount of Scholarship Grant:*

* ***Two*** **$1,000 grants;** eligible **Kentucky High School (College Bound) Student**, and/or **Kentucky** **College** **Student**

ELIGIBILITY: Any **Kentucky** High School **Senior** - Student of the current year **(graduating class of 2025)** or **Kentucky** **College Student;** who is an **active member** of the **Amateur Trap shooting Association**, ***and*** a current member of the ***AIM*** program - **maximum**

**eligibility age of 23 shall apply**.

GRADING: All applications will be reviewed by the KTL Scholarship Committee. A maximum of **33 points** will be awarded for each **Section** below: **Scholastic … Community Involvement … Shooting**

***NOTE****:* ***If you have previously been awarded a scholarship from the KTL, you are not***

***eligible to be awarded another one. These scholarships are one per person ONLY.***

* **The two recipient(s) with the highest point totals will be announced at the 2025 Kentucky State Tournament. All individual ratings, and discussions, will be kept confidential and not disclosed publicly.**

**A.** ***SCHOLASTIC***

1. Complete the **Scholarship Application Personal Data Sheet**
2. Write a short essay, 100 words or less, of need.
   * 1. Write a short essay, 100 words or less, on what the Sport of Trapshooting means to you.
3. Attach a **Letter of Recommendation** from **one** of the following:

Your Certified Trapshooting Instructor;

Kentucky ATA Delegate or ATA Alternate Delegate;

Your School Guidance Counselor;

Your School Athletic Coach.

**B. *COMMUNITY INVOLVEMENT (INTEGRITY)***

1. List your Volunteer Activities - (if more room is necessary, use a separate sheet of paper):

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local gun clubs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Miscellaneous (other good works) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C.** ***SHOOTING ACTIVITIES***

1. List your **Shooting Activities & Accomplishments** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Year you first shot **ATA/AIM** trap targets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Total registered **ATA/AIM** trap targets \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Current **ATA/AIM** Classification and Yardage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL**

SCHOLARSHIP APPLICATION PERSONAL DATA

(Must be completed and submitted with Youth Fund Scholarship Application)

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male [ ] Female [ ] (check appropriate box)

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST 4 DIGITS OF YOUR SOCIAL SECURITY #: \_\_\_\_\_\_\_\_\_

As a condition of the Scholarship Award, all recipients shall be required to provide their entire social security number

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATA/AIM or SCTP number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENTS’ or GUARDIANS’ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EDUCATION & ACADEMIC ACHIEVEMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SCHOOL or UNIVERSITY (attending or to be attended): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADUATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR SUBJECT OF STUDY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAREER CHOICE (TRADE OR PROFESSION): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER INTERESTS OR HOBBIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPPLEMENTAL INFORMATION YOU WANT THE KTL SCHOLARSHIP COMMITTEE TO CONSIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I affirm that the information contained in this Scholarship Application is true to the best of my knowledge and that the enclosed essays were personally prepared by me.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant Signature)

Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOLARSHIP APPLICATION SUBMISSION REQUIREMENTS

* This Scholarship Application (pages 1 & 2) and all other Supplementing Documentation, must be received by Secretary Diana Prigge at: P.O. Box 797, Nicholasville, KY 40340-0797, or [ktlsectreas@gmail.com](mailto:ktlsectreas@gmail.com),
* on or before *June 22, 2025.*
* The **KTL Scholarship Committee** will review and grade all Scholarship Applications prior to, or during, the **2025 Kentucky State Trapshooting Tournament.**
* The Scholarship Recipients will be announced at the Shooter’s Meeting during the **2025 State Tournament**.
* The Scholarship Recipients do not need to be present at the State Tournament in order to be eligible to receive the Scholarship Grant, as may be awarded.
* Proof of enrollment in your Senior year of High School or College enrollment must be submitted to Secretary Prigge before checks will be released.
* Please be certain to read the **Scholarship Application** and **Instructions** - **carefully** and answer or respond to all questions, as may apply. You may add additional, supplemental materials that you feel would be helpful for the **Scholarship Committee** during their review and “grading” for “point” calculations.
* If you have any questions or comments, please contact **President John Kerr** or **Youth Director TC Crossland**

*The Scholarship Fund has been established, and administered, by the KTL Board of Directors*

*Thank you for actively supporting the KTL and our Sport of Trapshooting*

John Kerr, KTL President, & TC Crossland, Youth Director