

APPLICATION FOR APGA SCHOLARSHIP

NAME: _____

ADDRESS: _____ C/S/Z: _____

DAYTIME PHONE #: () _____ EVENING PHONE #: () _____

DATE OF BIRTH: _____ DATE OF H.S. GRADUATION: _____
MONTH/DAY/YEAR MONTH/YEAR

HIGH SCHOOL: _____
NAME CITY STATE

GRADE AVERAGE (GRADES 9-12): _____

COLLEGE ATTENDING/PLANNING TO ATTEND: _____

HAVE YOU BEEN ACCEPTED: YES NO

MAJOR: _____ MINOR: _____

HAVE YOU MADE APPLICATIONS FOR OTHER GRANTS OR SCHOLARSHIPS: YES NO

*IF YES AND YOU HAVE BEEN AWARDED A GRANT OR SCHOLARSHIP, PLEASE LIST ON A SEPARATE SHEET OF PAPER THE NAME OF THE SCHOLARSHIP(S) AND THE AMOUNT(S).

IF SELECTED, YOU MUST FURNISH A COPY OF YOUR TRANSCRIPT TO APGA QUARTERLY.

*PLEASE LIST SIGNIFICANT HONORS AND/OR ACHIEVEMENTS YOU HAVE RECEIVED OR MADE ON A SEPARATE SHEET OF PAPER. ALSO, INCLUDE ANY ACTIVITIES YOU ARE INVOLVED IN.

NAME OF PARENT EMPLOYED IN THE PROPANE INDUSTRY: _____

EMPLOYED BY: _____ CITY: _____

POSITION HELD: _____ LENGTH OF EMPLOYMENT: _____

DAYTIME PHONE #: () _____ EVENING PHONE #: () _____

TOTAL HOUSEHOLD INCOME: ___ \$0-19,999 ___ \$60,000-79,999
 ___ \$20,000-39,999 ___ \$80,000-99,999
 ___ \$40,000-59,999 ___ \$100,000 or more

Attachments: See Section G of the Scholarship Program Guidelines for additional requirements.

Deadline: Applications must be postmarked no later than **May 1, 2010**. If no eligible candidates have applied, the scholarships will not be awarded.

Applicant's Signature: _____

*Please remit Application and Documents to APGA at 173 Medical Center Drive, Prattville, AL 36066
Telephone: 334-358-9590 Fax: 334-358-9520*