

**KEASBEY SCHOLARSHIP NOMINATIONS**  
**December 2024**  
**FORM MUST BE TYPEWRITTEN IN THE SPACES BELOW**

<b>NAME (LAST, First and Middle Initial):</b>	<b>COLLEGE:</b>
<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH:</b>
<b>CITIZENSHIP:</b>	<b>CONCENTRATION OR MAJOR:</b>
<b>COLLEGE ADDRESS (Including box number, if any)</b>	<b>HOME ADDRESS:</b>
<b>COLLEGE TELEPHONE:</b>	<b>HOME TELEPHONE:</b>
<b>E-MAIL ADDRESS:</b>	<b>PREFERRED NOTIFICATION ADDRESS, IF EMAIL IS NOT PREFERRED:</b> _____ College _____ Home
<b>PLEASE LIST THE NAMES AND TITLES OF YOUR RECOMMENDERS:</b>	
<b>IS THIS A FULL-TIME PROGRAM?</b>  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DATE ON WHICH YOU APPLIED TO PROPOSED COURSE OF STUDY:</b>  _____  <b>WHAT COLLEGE(S) DID YOU LIST AS PREFERRED:</b>  _____
<b>BRIEF SYNOPSIS OF YOUR PROPOSED COURSE OF STUDY:</b>	
<b>BRIEF DESCRIPTION OF YOUR POSTGRADUATE CAREER PLANS:</b>	
<b><u>SIGNATURE REQUIRED</u></b> <b><u>I affirm that the foregoing statements and attached materials are true and accurate representations, to the best of my understanding.</u></b>	
<b>SIGNATURE:</b>	<b>DATE:</b>