KEASBEY SCHOLARSHIP NOMINATIONS
December 2026
FORM MUST BE TYPEWRITTEN IN THE SPACES BELOW

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