

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? <input type="checkbox"/> YES <input type="checkbox"/> 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:	
<u>SIGNATURE REQUIRED</u> <u>I affirm that the foregoing statements and attached materials are true and accurate representations, to the best of my understanding.</u>	
SIGNATURE:	DATE: