



**KENTUCKY COUNCIL OF COOPERATIVES, INC
and
UNIVERSITY OF KENTUCKY COOPERATIVE EXTENSION SERVICE**

**American Private Enterprise System Youth Seminar
Scholarship Winners – Claim Voucher**

For those who have earned the scholarship at the Kentucky Youth Seminar

Financial Award in Amount of \$ _____ Year Awarded _____

To Claim Scholarship:

1. Complete this form
2. Attach proof of enrollment in institute of higher learning (transcript)
3. Attach copy of Scholarship Certificate
4. Send signed claim voucher and proof of enrollment to **American Private Enterprise System Youth Program, 400 CE Barnhart Bldg., Lexington KY 40546-0276**

Name: _____

Address: _____

E-mail Address: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____ Social Security Number: _____

High School Attended: _____ High School Graduation Year: _____

School Attending – Post High School: _____

- Scholarship must be claimed within four years post seminar completion.
- Scholarship may only be used by the award winner for furthering education post high school.

I have read the above material and agree with the terms in using this scholarship to further my education.

Signature (Applicant)

I certify that this student has received a Kentucky Youth Seminar Award and is attending an institution of higher learning (college, junior college, trade school, etc.).

County Extension Agent Signature



Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.