

Kilgore College
The Agriculture Program
McMillan-Leverett Agricultural Scholarship
Supplemental Form

Please print or type.

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Full Name _____ Social Security Number _____
High School Graduated From _____ Years at this School _____
Year Graduated from High School _____ Home Address _____
Have you applied to KC? _____ Been accepted? _____
Planned Major after KC _____ Home Phone _____
E-mail Address _____ Cell Phone _____
Planned Transfer School after KC _____ Birthdate _____ Age _____
Your Marital Status: Single _____ Divorced _____ Engaged _____ If engaged, anticipated marriage date: _____
Do you have any dependents? _____
Numerical Rank in High School Class _____ / _____ High School Grade Point Average _____
No in class
Test Scores: ACT _____ SAT _____
Parents are: Married _____ Divorced _____ Separated _____ Deceased: _____ Date of death: _____
Father _____
Mother _____
Currently live with _____
If parents are divorced, will you receive assistance from Father? _____ Mother? _____
Father's Name _____ Age _____
Employer _____ Occupation _____
Employer's Address _____ Work Phone _____
Mother's Name _____ Age _____
Employer _____ Occupation _____
Employer's Address _____ Work Phone _____
Step-Father/Step-Mother/Guardian's Name _____ Age _____
Employer _____ Occupation _____
Employer's Address _____ Work Phone _____

ADDITIONAL QUESTIONS CONTINUED ON NEXT PAGE.

