

**APPLICATION FORM**  
**KABA/SELECT SIRES, INC. SCHOLARSHIP**

Please attach a  
2" x 3" head and  
shoulders photo

Applications must be returned to the KABA/Select Sires, Inc. office by February 28<sup>th</sup>

DATE \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

Street or Route and Box Number

County

(\_\_\_\_)

City

State

Zip Code

Telephone Number

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

PARENTS' ADDRESS \_\_\_\_\_

Street or Route and Box Number

City

State

Zip

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

Current Level Enrolled in (Grade or Year)

Size of Class

Rank in Class

COLLEGE YOU WISH TO ATTEND \_\_\_\_\_

Address

Telephone Number

INTENDED COLLEGE MAJOR \_\_\_\_\_

INTENDED COLLEGE MINOR OR EMPHASIS \_\_\_\_\_

PLANS AFTER COLLEGE GRADUATION \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES (Church or Social) \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES AND HOBBIES (Agriculture Related) \_\_\_\_\_

IS YOUR FAMILY CURRENTLY PURCHASING SEMEN FROM KABA/SELECT SIRES, INC.? \_\_\_\_\_

WHAT NAME APPEARS ON THE ACCOUNT? \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

**RETURN TO:**  
**KABA SELECT SIRES, INC.**  
**SCHOLARSHIP COMMITTEE**  
**1930 HERR LANE**  
**LOUISVILLE, KENTUCKY 40222**  
**1-800-489-1868**