



The Knight Educational Fund Scholarship Application

Name of Applicant _____
(Last) (First) (Middle)

Home Address _____
Street City State Zip

Telephone _____ DOB _____

Social Security # _____ Proposed Date of
College Entrance _____

High School Attended _____ GPA _____

City State Country

Date of Expected Graduation _____ Date of Application _____

Honors/Activites _____

Name of Colleges/Universities where you have been accepted

Name of Relative affiliated with the IBF:

Qualifications:

- (A) Child/Grandchild of IBF/USBA member in good standing for a minimum of 3 years.
- (B) Graduating senior from high school.
- (C) Has been accepted to an accredited school (academic, trade, business or vocational).
- (D) A transcript of high school credits.
- (E) Recommendation from high school counselor or teacher.
- (F) One page essay on where you see yourself in 10 years.
- (G) Application deadline May 1, 2018

Send to: Scholarships
IBF/USBA
899 Mountain Avenue, Suite 2C
Springfield, NJ, 07081