Robert Redick Memorial Scholarship

KNR's Robert Redick Memorial Scholarship Application Form

STUDENT INFORM	MATION			
NAME (LAST, FIRST, M	۸۱):			
CURRENT ADDRESS:_				
CURRENT CITY/STATE	/ZIP:			
PERMANENT ADDRES	S (IF DIFFERENT FRO	OM CURRENT:		
PERMANENT CITY/STA	ATE/ZIP (IF DIFFERE	NT FROM CURRENT:		
NAME AND CITY OF S	CHOOL YOU ATTENE	O OR WILL BE ATTENDIN	NG:	
YES NO TELEPHONE NUMBER	:	UTHORIZED TO WORK		
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SCHOOLS (HS, COLLEGE, GRAD)	CITY/STATE	DATES ATTENDED	DEGREE/MAJOR (IF APPLICABLE)	DATE OF GRADUATION
CURRENT OR EXPECTE HIGHLIGHT HONORS	OR AWARDS THAT	YOU HAVE RECEIVED:	S OR VOLUNTEER WORK?	

WHAT ARE YOU PLANNING TO STUDY AND WHAT KIND OF CAREER ARE YOU PLANNING TO PURSUE?
IS THERE ANY OTHER RELEVANT INFO YOU WANT US TO CONSIDER WHEN REVIEWING YOUR APPLICATION?
PLEASE TELL US HOW YOU LEARNED ABOUT OUR SCHOLARSHIP PROGRAM.
ADDITIONAL INSTRUCTIONS
Texting while driving is estimated to be equivalent to operating a vehicle under the influence of 4 beers and is 6 times more likely to cause an accident. Applicants must develop a plan that will persuade young adults from texting and driving. The 'plan' can be very open-ended. Applicants can make videos, submit strategies, or really be as creative as they'd like to convey their ideas. Please send any supplemental materials in an email to scholarship@knrlegal.com.
CERTIFICATION
I hereby certify that the information I have provided on this application form and on any of the attached materials is true to the best of my knowledge. The submitted work is my own and has not been duplicated or printed elsewhere. I understand that if I am awarded the scholarship, my winning plan will be posted on Kisling, Nestico & Redick Ohio Injury Attorney's website.
APPLICANT SIGNATURE:
FULL NAME OF APPLICANT (PRINTED):

Return completed application and requisite materials by email to:

Scholarship@KNRLegal.com Questions regarding our scholarship opportunity? Feel free to email. Please, no phone calls.