



**KANSAS DIVISION OF THE INTERNATIONAL ASSOCIATION FOR IDENTIFICATION**

**Dr. Michael Finnegan Scholarship**

Personal Information

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

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

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_

KDIAI MEMBER \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

KDIAI MEMBER WORK TELEPHONE \_\_\_\_\_

Academic Record

HIGH SCHOOL \_\_\_\_\_ LOCATION \_\_\_\_\_

HIGH SCHOOL CUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_ (A=4, B=3, C=2, D=1, F=0)

RANK IN GRADUATION CLASS \_\_\_\_\_ NUMBER IN GRADUATING CLASS \_\_\_\_\_

COLLEGE GRADE POINT AVERAGE \_\_\_\_\_ (A=4, B=3, C=2, D=1, F=0)

**KDIAI USE ONLY**

Date Received: \_\_\_\_\_ Scholarship Awarded: Yes or No

Scholarship Amount: \_\_\_\_\_ Approving KDIAI Officer: \_\_\_\_\_