

Return completed form to: [registrar@keplercollege.org](mailto:registrar@keplercollege.org)

**TYPE OR PRINT INFORMATION CLEARLY**

For what year, term and course are you applying?

Last Name

First Name

Middle Initial

Home Address, City, State/Province, Postal/Zip Code, Country

Contact phone:

E-mail Address:

Age:

Dependents:

Have you previously received financial aid? Yes No

If yes, from whom?

Year

Amount

What is your estimated monthly household income?

What are your estimated household expenses?

Are you a member of any astrological scholarship sponsoring organization? If yes, with whom?

Have you completed any astrology certification testing? If yes, with whom?

Write one to two paragraphs about your current financial status and your educational and astrological goals. Comment about how a Kepler scholarship will help you (use additional page if needed)

**Your Signature**

By signing this scholarship application, you verify that all of the information is true and correct.

Your Signature

Date