The Jeff Cooper Legacy Foundation

Application for Scholarship

Applicant name:_____ D.O.B_____

Address:_____

_____

Email address:_____

Phone numbers: (H)_____(C)_____(W)_____

Occupation:_____

Name of sponsor (if applicable):_____

How did you hear of our scholarship program?_____

_____

_____

Please tell us why you (or the person you are recommending) would like to be considered for a firearms training scholarship from The Jeff Cooper Legacy Foundation:

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Any additional information you would like us to know?

Mail this form to:

Mrs. Janelle Cooper, President
The Jeff Cooper Legacy Foundation
2950 W. Gunsite Road
Paulden, AZ 86334

We operate without staff. Please forgive our inability to respond to every application. We appreciate your interest.