

# *The Jeff Cooper Legacy Foundation*

## Application for Scholarship

Applicant name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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