

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 would like to be considered for a firearms training scholarship from
The Jeff Cooper Legacy Foundation:

Any additional information you would like us to know?_____

Peggy Ahern
The Jeff Cooper Legacy Foundation
8050 N. Winston Way
Prescott Valley, AZ 86315

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