



James S. Kemper Foundation Kemper Scholars Application Form

Personal Information

Last Name

Name you prefer to be called

First Name

Major area(s) of study

Initial

Minor area(s) of study

Birthdate MM/DD/YYYY

Kemper Scholars Class

Enter your senior year; use the form 20XX.

Your Permanent Address

Address

Last 4 digits of your SSN xxx-xx-

City State Zip Code

Country

school email

Check preferred email address

personal email

Check preferred email address

If the Foundation must send correspondence to your parent(s) or guardian(s), indicate how it should be addressed?

Name

Parent phone #

Address

City State Zip Code

Country

Your Mailing Address at School

School Name

Address

City State Zip Code

Country

Your phone number at school Your mobile number

Information About Your Family

Leave blank any which do not apply. Note that Education Level has a drop down menu with choices.

Father's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Mother's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
StepFather's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
StepMthr.'s Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Brother's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Brother's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Brother's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Sister's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Sister's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Sister's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Spouse's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>
Child's Name	<input type="text"/>	Birth year	<input type="text"/>	Occupation	<input type="text"/>	Educ Level	<input type="text"/>

Print Form