



LKSQMC Scholarship Application

Must be completed in full and returned with a copy of driver's license and most current utility bill to: amylittlekalamazoo@gmail.com

APPLICANT INFORMATION

Name:		
DL#:	Phone #(H):	Phone #(C):
Current address:		
City:	State:	ZIP Code:
Potential Driver Name:	Driver Age:	Relationship to Driver:

SPOUSE INFORMATION

Name:		
DL#:	Phone #(H):	Phone #(C):
Current address (if different than above):		
City:	State:	ZIP Code:

EMPLOYER INFORMATION

Applicant Employer:	Time w/ Employer:	Position/Title:
Spouse Employer:	Time w/ Employer:	Position/Title:

HOW DID YOU HEAR ABOUT LITTLE KALAMAZOO SPEEDWAY AND QUARTER MIDGET RACING?

WHY DO YOU FEEL YOUR FAMILY WOULD BE A GOOD CHOICE (LIST ANY RACING EXPERIENCE)?

REFERENCES

Name:	Address:	Phone: