



Bernhard A. Kainer Foundation

SCHOLARSHIP APPLICATION



You must either type or print all your answers neatly in ink. Application response may be sent via email to application@BernhardKainerFoundation.org; 3154 Via Poinciana No.205, Lake Worth, FL 33467. Scholarship application, transcripts and letters of recommendation must be postmarked by 7/15/2026 to the above address.

NAME		FIRST		MI	
Permanent mailing address					
NUMBER AND STREET		CITY		STATE	
EMAIL		ZIP CODE			
TELEPHONE - -		BIRTH DATE MONTH DAY YEAR			
GRANGE QUALIFICATION Name of Grange You or Relative Attends					
If you're not a Grange member, name Parent or Grandparent who is a Grange member?		Relationship	Area Code	Telephone Number	
WHAT YEAR DID/WILL YOU RECEIVE A DIPLOMA OR GED?		HIGH SCHOOL OR GED			
CITY	STATE	HIGH SCHOOL NAME OR GED COUNTY			
High school students only		College students only			
HIGH SCHOOL GPA		COLLEGE GPA:	UNDERGRADUATE GPA	GRADUATE GPA	
NAME OF COLLEGE OR UNIVERSITY		DATES ATTENDED		DEGREE EARNED	
APPLICANT MUST REGISTER AT A COLLEGE, UNIVERSITY, VOCATION OR TRADE SCHOOL LOCATED IN THE UNITED STATES.		NAME OF SCHOOL			
MAJOR FIELD OF STUDY		NEXT DEGREE		NEXT EXPECTED	

Are you currently working 20 hours or more per week? Yes/No

Do you plan on working 20 hours or more per week during the school year? Yes/No



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Do you stand and salute the flag of the United States of America? Yes/No

Letters of Recommendation: Please provide one letter from a school official, one letter from a Grange member (preferably an officer) of the Grange to which you, your parents, or your grandparents belong. The third letter can be from whomever you choose.

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of GPA to the committee at each semester/quarter break in order for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the value of the scholarship award in my academic pursuits.

Signature _____

Date _____

Applicant's Name _____

