



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 _____

