



Validation Number

## STAR In-Classroom Scholarship Application

Kentucky Department of Alcoholic Beverage Control

1003 Twilight Trail

Frankfort, KY 40601

Toll Free: (888) 847-7222 Phone: (502) 564-4850 FAX: (502) 564-7479

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

May we add your email to our mailing list for updates? Yes  No

How many scholarships will be awarded? \_\_\_\_\_

Class Dates: \_\_\_\_\_

Please list the counties the scholarships will be made available to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expiration Date of scholarships: \_\_\_\_\_

Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please Consider:

1. All payments for scholarships must be made for the full amount of the class, \$35 per person. The Department will no longer accept partial scholarships.
2. Please list the specific number of scholarships awarded. Do not list the total dollar amount.
3. All scholarship payments received in our office must be applied and used within with one fiscal year from July 1<sup>st</sup> – June 30<sup>th</sup>, unless permission has been granted by the Education Branch Manager.
4. All payments must be made by credit card, check or money order, made payable to **Kentucky State Treasurer**.
5. Class dates may range from one class to numerous classes, so please be specific.
6. Please be aware that this application is for the in-classroom version of the STAR Training Program not the online version. Vouchers must be purchased from our website for online training, [www.abc.ky.gov](http://www.abc.ky.gov).