

Oklahoma Gas Association Scholarship Application

Applicant Information

Full Name (Last, First, Middle)	
Address	
Telephone	
Email Address	

Education

High School		
Graduation Date	GPA / GPA Scale of ____	Class Rank (# ____ of ____)
Selected College/University or Technical School		
Degree / Course of Study	Hours Completed	

Parent / Grandparent / Guardian Information

Name (Last, First, Middle)	
Relationship to Applicant	
OGA Member Company (Employer)	Telephone
Email Address	Supervisor

To the best of our knowledge, the information provided is accurate. Any misrepresentation may disqualify this application.

Applicant Signature	Date
Parent/Guardian Signature	Date

Please submit a complete application packet. Incomplete packets will not be considered.

Questions are to be directed to Jeff Kaufmann at jeffk@okgas.org.

Oklahoma Gas Association

308 N.E. 27th Street, Oklahoma City, OK 73105
(405)524-1752 www.okgas.org
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