

The K. A. R. E. Foundation Scholarship Application

Please return this completed form, your essay, letters of recommendation, a copy of your SAR (Student Aid Report) or other financial documentation, and a copy of your high school transcripts through seven (7) semesters to the K. A. R. E. Foundation, Regional Office of Education #13, 1710 Broadway, Mt. Vernon IL 62864 on or before Friday, April 12, 2024 Applicant Name: _____ Date of Birth: Address: High School: Phone: 1. High School Graduation Date: *Only students currently enrolled as a full-time student at Bluford, Hamilton County, Mt. Vernon Township HS, Waltonville, or Woodlawn are eligible to apply. 2. Organizations – Awards/Recognition: (List organizations by school year. Also, awards & recognitions you have received and what year they were received). 3. Work or volunteer service during the four years of high school: Are you currently employed? ____ yes ____ no In other words, are you earning a wage for your services? (If you answered yes, where are you employed? Have you worked elsewhere in high school?) Are you currently volunteering any of your time? yes (If yes, where and how many hours per month? What other volunteer activities

have you participated in during your high school career?)

4.	provide u but is ess	the following of all those living in the household of the applicant – Please as with the number of siblings as well as each age. We don't need names, tential we receive the number and ages of the siblings. This is important for ing qualification. If no sibling(s) please put N/A or None
1		
4		
		by additional people on a separate sheet of paper and attach to application.
Ar	e you a pa	rt of a single parent household? Yes or No
**	* Number	of siblings attending college
5.	Essay St	satements – word limit of 500 words per question: separate sheet (s) of paper please type a response to the following: Tell the committee about yourself, your career goals, and college objectives. Avoid using your name in the essays. The judge does not know your name in the essay section. If you are awarded this scholarship, how will it assist you in achieving your goals and objectives?
Da	ite:	Signature:
co		ove signature, I hereby attest that all information included is true and plications that contain false or fraudulent information will not be
		space is needed to complete any part of the application, please feel free to

CHECK LIST FOR SUBMITTAL

- 1. <u>Completed Application required for eligibility</u>
- 2. Typed Essay Completed (limit to 500 words per question)
- 2. Letters of Recommendation You should include **ONE** letter from a school employee and **TWO** letters from personal references. Personal references are not to be from family members. They should be people who know you, but are not related to you in any way. (Please note: limit the number of times the applicants name is written in the letter. Judges are not aware of the name of the student.) **THREE total letters are required.**
- 4. Proof of Parent/Guardian's Income Provide a copy of the SAR (Student Aid Report) OR other documentation of household income, such as the 2023 tax summary pages OR a full copy of the FAFSA application. Please note the FAFSA confirmation page alone will not be accepted. This is very important in the process of selecting the scholarship.
- 5. A copy of the high school transcript through seven semesters

Failure to include all of these items will cause your application to be disqualified.

Please return all items by Friday, April 12, 2024 to:

Scholarship Committee KARE Foundation 1710 Broadway Mt. Vernon, IL 62864