CANDY FIELDS MEMORIAL SCHOLARSHIP APPLICATION

Dear Student:

Thank you for inquiring about this scholarship opportunity available to you through the Candy Fields Memorial Scholarship Fund. The award amount for this scholarship is $1,000 per recipient to be paid upon college enrollment. (Scholarship monies must be used for the following: tuition, room/board, meal plan or textbooks and will be paid directly to the attendee's college.) This is your opportunity to submit information for consideration for this opportunity.

Before moving forward, please be mindful of the following stipulations:

- Must enroll full time at an accredited college/university
- Must maintain a cumulative GPA of 2.5 or above, while attending college. If the student falls below a 2.5, you will be placed on academic probation. If you do not bring your cumulative GPA above a 2.0, it will result in the loss of this scholarship.
- Must be a resident of Lee, Owsley, Breathitt, Wolfe, Knott, Letcher, Leslie or Perry Counties.
- Must have completed grades 7-12 and be a High School graduate.
- Any information found to be false will result in the disqualification of the applicant and/or required reimbursement of any money received. ***
- Submit a copy of the following:
  - Completed application form
  - Two references
  - Personal essay (*used attached form only*)
  - Official Transcript

(The above will be used in the selection process to determine the recipient of the Candy Fields Memorial scholarship.)

If you receive this scholarship, you will be required to submit a copy of your financial fees, (*This scholarship will pay only for the balance due after all other scholarships or financial aid has been applied to recipient's account.*)

CANDY FIELDS MEMORIAL SCHOLARSHIP APPLICATION

Name: _____

Street Address: _____

_____

(City) (State) (Zip)

Telephone: _____ County of Residency: _____

Email Address: _____

Name and address of college or university in which you will be enrolled:

Name of school: _____

Address: _____

Have you been accepted? _____ Anticipated Major: _____

Expected college graduation date: _____

Taking in consideration cost of college and your financial assistance available how would you rate your overall financial obligation? Describe in detail.

_____

_____

_____

Extra-curricular Activities: _____

_____

_____

Honors & Awards: _____

_____

Work Experience: _____

_____

_____

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Personal Essay

Please fill out the following section as your personal essay. Do not use any more space than provided. Tell us about yourself, your interests and aspirations. Also state why you feel you should receive this scholarship.

The KRADD Scholarship Committee is requesting this information in order to evaluate your application for scholarship assistance provided to one graduate each school year. No application will be considered without response to all items on this application form and submission of all requested documents. Your submission certifies that the information presented on this application is true and correct. Falsified information will result in disqualification for assistance and reimbursement from the applicant of any money received. Your submission of this application also authorizes the KRADD Scholarship Committee to publicize your name in connection with any scholarship award you may receive. In addition, your application also authorizes the KRADD Scholarship Selection Committee to check the references you have provided, to review high school transcripts and attendance.

If you receive this scholarship, you will be required to submit a copy of your financial fees. (*This scholarship will pay only for the balance due after all other scholarships or financial aid has been applied to recipient's account.*)

Signature:

By submitting this information, I certify that the answers and information set out above are true, accurate and complete to the best of my knowledge and this application was completed by the applicant. I agree to abide by all scholarship/committee requirements. I acknowledge that if any answer or information is not true, accurate or complete, I will not be considered for the Scholarship.

_____ _____

Applicant Signature Date