Scholarship Application

Kimray's Make A Difference Foundation (MADF) seeks to be a steward of resources that enable more and more people to make a difference in their own communities. In that spirit, the MADF is offering scholarship funds in the amount of $1000 to eligible relatives (children, grandchildren, and spouses) of Kimray team members. The scholarships will be administered by the Scholarship Committee of the MADF.

Applications should be submitted to madf@kimray.com in accordance with the timelines listed in the table below.

Semester	Spring	Fall
Application window:	Nov. 1 – Nov. 30	June 1-June 30th
Scholarship grant date:	January 1	August 1

The applicant must be

1) an eligible relative (child, grandchild, or spouse) of an employee of Kimray and
2) accepted to an accredited educational institution and
3) enrolled in courses for the semester as indicated on application

The funds will be deposited into and distributed through the educational institution and will only be released to enrolled students who are in good standing.

ATTACHMENTS:

1. **Transcript:** An official school transcript should include GPA. An official collegiate transcript should reflect all post-secondary studies.
2. **Resume:** Your resume should reflect your educational history, work experience, membership in school organizations, community activities, and volunteer activities. Please refer to the Foundation Website for resume tips and examples.
3. **Letter of Reference:** Two letters of reference: one personal (e.g. friend, mentor, pastor, or family member) and one professional or educational (e.g. supervisor, teacher, or coach).
4. **Essay:** An essay not to exceed 300 words, describing your educational/career goals and personal aspirations for making a difference in your community

SEMESTER (CHOOSE ONE) ☐**SPRING** ☐**FALL** **YEAR:**_____

APPLICANT INFORMATION (please print)

Name

_____
Last First MI Preferred name

Birth Date _____ Contact info _____ _____
MM/DD/YY Cell Phone Email

Mailing Address

_____
Street

_____ _____ _____
City State Zip Phone

Related Kimray team member name(s)

_____
Last First MI Relationship to applicant

MOST RECENT EDUCATIONAL INSTITUTION (high school or college)

School Name _____ Expected Graduation Date _____

School Address _____

_____

EXPECTED INSTITUTION FOR ENROLLMENT

School Name _____

School Address _____

_____

Expected Major, Trade, or Program _____

APPLICANT'S CERTIFICATION

The Applicant agrees that the Scholarship Selection Committee will be fully informed as to the Applicant's academic standing, employment status of related Kimray team member, character and other factors having a bearing on this application for scholarship assistance.

_____
Applicant Signature Date