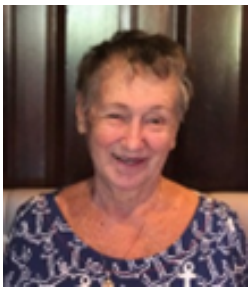

Barbara A. Kiely Memorial Scholarship

1. Personal Information

Name:	Date:	
Address:	City:	State:
Phone:	County:	Zip Code:
Last 4 digits of Social Security Number	Date of Birth:	

2. Academic Information

High School:		Graduation year:
City:	State:	GPA:
College currently or planning to attend:		Expected Graduation year:
City:	State:	GPA:
Current or intended Major:		

3. Financial Information – *All information must be provided for consideration.*

Do you: ☐ Live with your parents ☐ rent ☐ own home		Number of Dependents:
Number of family members in your household?	Average monthly family income:	
Main sources of funding for college?	Estimated expenses for the fall semester:	
Do you receive any financial aid, grants, scholarships, work-study, stipends or loans? If so please specify award(s) and amounts:		
Describe any financial hardship, special need or circumstances that this scholarship would help you overcome. Be specific.		
How did you hear about this scholarship?		

4. Extracurricular Activities- Please describe up to 3 activities that are significant to you, this may include clubs, church and community activities, scholastic honors, non-profit volunteering, or any notable service you have performed.

Name of activity/ Organization	Position	Years	Hours per week
Identify all leadership positions you have held:			

5. Disability Information

If applicable, please identify the nature of your disability:
If you have a disability, please state how it has impacted your home and school life:

6. Essay/Digital Essay

On a separate sheet of paper, provide a short, typewritten essay (300 words or less) explaining your career goals, what you plan to study, and why you want to further your education.

I certify that: (a) all of the information included in or submitted with this application is true and complete; (b) I meet the eligibility criteria for this scholarship; (c) if awarded a scholarship I will use the proceeds solely for the payment of tuition and required fees, room and board and/or related educational expenses; and (d) I will provide proof of same if requested.

_____ _____

Signature of Applicant *Date*

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Please remember to include in your packet:

- Completed scholarship application **- Official high school/college transcript**

- Two letters of recommendation **- Essay**

- Statement (if applicable) from a physician or school administrator verifying disability