



**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 **April 15, 2021**.

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**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 \_\_\_\_\_ no  
(If yes, where and how many hours per month? What other volunteer activities have you participated in during your high school career?)

4. Specify the following of all those living in the household of the applicant – please provide name, age, and relationship to the applicant.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Please list any additional people on a separate sheet of paper and attach to application.

\*\*\* Number of siblings attending college \_\_\_\_\_

5. Essay Statements – word limit of 500 words per question:

On a separate sheet (s) of paper please **type** a response to the following:

A) Tell the committee about yourself, your career goals, and college objectives.

B) If you are awarded this scholarship, how will it assist you in achieving your goals and objectives?

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**With the above signature, I hereby attest that all information included is true and correct. Applications that contain false or fraudulent information will not be considered.**

If additional space is needed to complete any part of the application, please feel free to attach separate sheets of paper.

**CHECK LIST FOR SUBMITTAL**

1. Completed Application – required for eligibility
2. Typed Essay Completed (limit to 500 words per question)
3. Letters of Recommendation – You should include **ONE** letter from a certified 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. **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 2019 tax summary pages OR a full copy of the FAFSA application. **Please note the FAFSA confirmation page alone will not be accepted.**
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 April 15, 2021 to:**

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