



www.kloepferfoundation.org

Kloepfer Family Foundation Inc. Scholarship Program Student Application Form

Am I eligible to apply for the Kloepfer Family Foundation Inc. Scholarship Program?

- You must currently be enrolled in the 5th grade for the first time.
- You must be a potential first generation college student. Neither of your parents, step-parents, or legal guardian(s) can hold a 4-year college degree at the time of application.
- You must be a direct descendant of Leslie County and provide a certified birth certificate for student and parent(s), step-parents, or legal guardian(s), reside in Leslie County and attend a Leslie County Public school.
- You must possess the desire to attend college and earn a 4-year college degree at the University of Kentucky.
- Student applicants should possess a strong academic record (generally a GPA above 3.0 or mostly "A" grades, above average standardized test scores, commitment to learning, and a strong work ethic).
- You and your parents/guardians must be willing to participate in the program and its activities.

How do I apply?

- You and your parents/guardians must complete **ALL** of this student application, attach all of the required financial documents, and sign all of the appropriate signature blanks. **Your student application must be postmarked by December 31, 2019, to be considered.**
- Ask three teachers to fill out Kloepfer Family Foundation Inc. Scholarship Program Teacher Recommendation Forms. You and your parents/guardians must complete the student section of each form before giving it to the teacher. The teachers should complete and return the Recommendation Form directly to your guidance counselor/school official or they may mail the forms to the Kloepfer Family Foundation Inc. Scholarship Program office by the application deadline. We suggest that you ask either 4th or 5th grade teachers, coaches, guidance counselors, or principals to complete the Recommendation Form. **Be sure to provide your teachers with plenty of time to meet the required postmark deadline of December 31, 2019.**
- You and your parents/guardians must complete the student section of the Kloepfer Family Foundation Inc. Scholarship Program School Guidance Counselor Form and return that form to your school guidance counselor or appropriate school official. **Be sure to provide your counselor with plenty of time to meet the required postmark deadline of December 31, 2019.**
- If you have any questions regarding the application process, you may call the Kloepfer Family Foundation Inc. Scholarship Program at 606a 216a 2463.

Please mail your completed Kloepfer Family Foundation Inc. Scholarship Program Student Application to:

Kloepfer Family Foundation Inc. Scholarship Program

P.O. Box 1737

Hazard, KY 41702y 1737

Applications must be postmarked by December 31, 2019.

Certification of Application Accuracy

I certify that the information enclosed in this application is complete and accurate to the best of my knowledge.

Signature of Applicant

Date

INSTRUCTIONS: Please type or print application **IN BLACK INK**. Do not use a pencil. Please answer each question on the application. It is very important that the appropriate individuals sign all the signature blanks. **Incomplete applications cannot be considered.**

STUDENT INFORMATION (To be completed by the applicant)

Name _____
Last First Middle Preferred

Address _____
Mailing Address

Address _____
City State Zip County of Residence

Date of Birth _____ Place of Birth (County, State) _____

Phone Number _____ Elementary School You Attend _____

Middle School You Plan to Attend _____

High School You Will Attend _____

Career/Academic Interests _____

FAMILY INFORMATION (To be completed by parent/guardian)

FATHER

Please list any information for a step-father living in the home or a male legal guardian in a separate box on the next page.

Name _____

Mailing Address (if different from applicant) _____

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Place of Birth (County, State) _____

Education Level (please check the high level completed)

_____ 8 th grade or less	_____ GED	_____ 2-year college degree
_____ Some high school	_____ Some college/vocational training	_____ 4-year college degree
_____ High school diploma	_____ Vocational/technical degree	

MOTHER

Please list any information for a step-mother living in the home or a female legal guardian in a separate box on the next page.

Name _____ Maiden Name _____

Mailing Address (if different from applicant) _____

Home Phone _____ Work Phone _____

Occupation _____ Employer _____

Place of Birth (County, State) _____

Education Level (please check the high level completed)

_____ 8 th grade or less	_____ GED	_____ 2-year college degree
_____ Some high school	_____ Some college/vocational training	_____ 4-year college degree
_____ High school diploma	_____ Vocational/technical degree	

STEP-PARENT/LEGAL GUARDIAN

Name _____

Address _____

Home Phone _____

Occupation _____

Employer _____

STEP-PARENT/LEGAL GUARDIAN

Name _____

Address _____

Home Phone _____

Occupation _____

Employer _____

Parents' Marital Status (check those that apply)

Married – living together
 Divorced
 Divorced and remarried
 Married – living separately
 Single

Please check if either parent is deceased:
 Father
 Mother

List the name of each member of the household in which the applicant resides:

Name	Relationship to applicant	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of brothers/sisters of applicant: _____
 Living inside the home _____
 Living outside the home _____

FINANCIAL INFORMATION (To be completed by parent/guardian)

Please note that this information is confidential and will be used only by the Kloepfer Family Foundation Scholarship Program in consideration of this student's application for participation. Applications without this information CANNOT be considered.

Number of members in the household _____

Did you (the parent/guardian) file a 2018 federal income tax return?

_____ Yes (please attach a copy of the 2018 return to this application) _____ No

Please indicate the sources and amounts of other income in 2018, taxed and untaxed. Please attach documentation of that income.

\$ _____ Social Security \$ _____ Unemployment \$ _____ Retirement
 \$ _____ Child Support \$ _____ Veteran Benefits \$ _____ AFDC/Welfare
 \$ _____ Other (please specify) _____

Are there any unusual changes in your income this year (2019) compared to last year (2018)? If yes, please explain.
