



KRUS MEMORIAL SCHOLARSHIP APPLICATION FORM



Statement of Completion

This application must be accompanied by ALL information listed in the attached instructions and postmarked by April 15th to be eligible.

Utility: _____ Qualifying Utility Employee: _____

PERSONAL INFORMATION

Name: _____ Nickname: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip Code)

How did you learn about this scholarship: _____

Email Contact: _____

APPLICANTS ACADEMIC INFORMATION

Education Level Currently Attained: _____

College you plan to attend or currently attend: _____

Anticipated area of study: _____

A. Income of parent(s)/guardians:

_____ Above \$75,000 per year

_____ Between \$60,000 & \$75,000 per year

_____ Between \$40,000 & \$60,000 per year

_____ Between \$20,000 & \$40,000 per year

_____ Below \$20,000 per year

B. _____ Indicate number of members in your family who will be attending college the next school year.

C. _____ Indicate number of children in your family who will be at home during the coming school year.

D. _____ In the space below, list other scholarships/grants for which you have applied and note with a check any scholarships already received. (Use an additional sheet if needed)

<u>Name of Scholarship/Grant</u>	<u>College/Organization</u>	<u>Amount</u>

Previously applied to KRUS? _____ If yes, Date: _____ Received KRUS Scholarship Award? _____

Signed: _____ Date: _____

KRUS MEMORIAL SCHOLARSHIP REQUIREMENTS

1. Applicants must fully complete the application and sign the form. Form must be completed in ink or typewritten. Incomplete applications will not be considered for a scholarship.
2. Applicants must provide proof of acceptance by a two or four year college, university or vocational/technical school.
3. Applicants must provide two signed letters of recommendation, from non-family members.
4. Applicants must provide a 1000 word essay, which tells about the family member, whose work within the utility industry, qualified them for the scholarship and how that family member has inspired the applicant to continue their education.
5. Applicants must provide signed proof of community service/involvement activities.
6. Completed Application Form and all supporting documentation should be mailed to the:

KRUS
c/o Ali Cotton
PO Box 2900
Hopkinsville, KY 42241-2900
7. Applications must be post marked by April 15th.

Terms and Conditions:

- All applications will be reviewed; winners will be determined by the selection committee.
- Scholarships will be awarded on a one-time basis and will not be renewable. Previous applicants/recipients must re-apply to be considered for any future awards.
- Scholarships will be paid upon proof of registration of classes (fall semester class schedule) at an institute of higher education and will be issued in August. This check will be directly payable to the student.
- Scholarships will be awarded without regard to race, ethnicity, national origin, religion, gender or disability.

KRUS MEMORIAL SCHOLARSHIP
APPLICATION REVIEW

Applicant Name: _____ Utility: _____

Name of Qualifying Electrical Utility Industry Employee: _____

To be eligible for scholarship, applicant must have completed the items listed below:

ELIGIBILITY REQUIREMENTS:

- _____ Signed and Completed Application
- _____ Qualifying Utility Industry Member
- _____ Prepared 1000 Word Essay
- _____ Two Signed Letters of Recommendation (non-family member),
- _____ Signed Proof of Community Involvement

SCORING OF APPLICATION: *(Maximum amount of points listed beside each category. Rate each area)*

- 1. Neatness and Quality of Application & Essay (33.3 Points) _____
- 2. Community Involvement (33.3) _____
- 3. Financial Need and/or Academics (33.3) _____

Comments: _____

Reviewed By: _____

Date: _____
