



KYLEE KARES MISSION STATEMENT IN KYLEE'S OWN WORDS...

"I have something brewing that ONLY GOD has set up for me to give back to the world. I have a passion to INSPIRE others, especially young adults who have the potential to become leaders. I strongly believe that GOD has given me the gift to encourage young girls to develop the courage to understand whose they are in Christ. I'm honored to give God the glory in assisting young girls in transition into pleasing and living for GOD. It's a humbling experience to serve other young girls who like me, may have struggled with self-identity issues, peer-pressure...understanding their purpose, and becoming self-confident of their godly value and full potential. I'm so very happy that yes GOD has given me this ministry...."

Dear Scholarship Applicant:

Kylee Kares, a non-profit organization in Prince William County, VA, is proud to announce that we will award college scholarships to two graduating seniors in the amount of \$500.00. These scholarships are being provided in memory of Kylee Langaigne who was passionate about helping youth overcome any obstacle, including self-identity issues, peer-pressure and low self-esteem, to attend the college of their choice in pursuit of a degree. If this mission resonates with you, please take the time to complete this application with the required supporting materials.

APPLICATION GUIDELINES

Attached, you will find an application for our college academic scholarships for the 2020-2021 academic year.

If you are a high school senior, you qualify if you:

- ➤ are a 2020 senior graduating from high school;
- have been accepted to an accredited college or university;
- > are pursuing a degree in the mental health arena (Social Work, Counseling, Psychology);
- have at least a 2.5 grade point average; and
- > show evidence of a desire to help others.

Your completed application and supporting documents should be postmarked no later than March 30, 2020. Scholarship recipients will be notified on April 30, 2020 of our selection, and awards will be sent directly to your college/university of choice. For additional information or questions, you may reach me by email at info@kyleekares.org, or by phone at (703) 490-7155.

Sincerely,

Mrs. Díana Langaigne

Mrs. Diana Langaigne Kylee Kares' Executive Director



(Please type or print in black or blue ink.)

Applicant's Personal Information

ast Name First Name		M	Middle Name	
Address:				
Street		City/State	Zip Code	
Геlephone Number:		Sex:		
High School:	Graduation Date:			
Cumulative Grade Point Av	verage: (N	ote: An official transc	ript must be attached.)	
Name of Parent/Guardian	(if applicant is less than	n 18 years of age)		
Last Name	First Name	M	Middle Name	
Parent/Guardian's Addres	s: (If different from applic	rant's)		
Street		City/State	Zip Code	
Parent/Guardian's Teleph	one Number:			
(C)	(H)	(W)		



Extracurricular Activities

1.	List school clubs or organizations you have participated in during high school and positions held in each. (Attach a separate sheet, if necessary.)
2.	List community service activities you have participated in during high school and document your involvement. Also, list the names of any community organizations outside of school where you have performed volunteer/community service work. (Attach a separate sheet, if necessary.)



College Plans

Address of the College/University for funds disbursement:				
Street	City/State	Zip Code		
Projected Enrollment Date:				
Proposed Major:				
PLEASE ATTACH THE FOLLOWING	TO BE CONSIDERED FOR TH	IIS SCHOLARSHIP:		
why you want to help those it Return completed application, along with	om a faculty member at your high bighbor. cranscript. ds and no more than 500 words of obstacle in life; gree/career you are pursuing; e to help elevate those in need; and in need in the mental health aren	n school; one may be from on: ad a.		
	Mrs. Diana Langaigne e Kares' Executive Director			
	2680 Darby Brook Court Woodbridge, VA 22192			
Applications must be post	tmarked no later than Monday,	March 30, 2020 <u>.</u>		
natures below confirm that all informatio	n provided in this application is ac	ccurate.		
plicant's Signature		Date		