



KYLEE KARES FOUNDATION

2021 SCHOLARSHIP APPLICATION

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, Virginia is proud to announce that we will award college scholarships to two Prince William County graduating seniors in the amount of **\$500.00** each. These scholarships are being provided in memory of Kylee Langaigne. Kylee was passionate about helping youth overcome obstacles such as self-identity issues, peer-pressure and low self-esteem. If this mission resonates with you, please complete and submit this application with the required supporting documents.

APPLICATION GUIDELINES

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

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

- are senior graduating from a Prince William County high school in 2021
- have been accepted to an accredited college or university for entry in the 2021-2022 school year;
- will pursue a degree in the mental health field (Social Work, Counseling, Psychology, etc.)
- have a 2.5 cumulative grade point average (GPA)
- show evidence of a desire to help others

Your completed application should include ALL supporting documents and must be postmarked by **June 11, 2021**. Awards will be sent directly to the college/university. For additional information or questions, you may reach me by email at info@kyleekares.org or by phone at (703) 490-7155.

Sincerely,

Mrs. Diana Langaigne

Mrs. Diana Langaigne
Kylee Kares Executive Director



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Applicant's Personal Information

Last Name

First Name

Middle Name

Address:

Street

City/State

Zip Code

Telephone Number: _____

Sex: M

F

E-mail address: _____

High School: _____

Graduation Date: _____

Cumulative GPA: _____ *(Include official copy of transcript)*

Name of Parent/Guardian: *(if applicant is less than 18 years of age)*

Last Name

First Name

Middle Name

Parent/Guardian's Address: *(if different from applicant's)*

Street

City/State

Zip Code

Parent/Guardian's E-mail Address: _____

Parent/Guardian's Telephone Number:

(C) _____ **(H)** _____ **(W)** _____



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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 community organizations outside of school where you have performed volunteer/community service work. Include a signed letter from the organization confirming your volunteer/community service participation. *(Attach a separate sheet, if necessary.)*



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College Plans

Name of the College/University where you have been accepted:

Address of the College/University for funds disbursement:

Street	City/State	Zip Code
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Projected Enrollment Date: _____

Proposed Major: _____

College/University Student ID (if known): _____

PLEASE ATTACH THE FOLLOWING TO BE CONSIDERED FOR THIS SCHOLARSHIP:

1. **Two letters of recommendation** from persons who can attest to your academic achievement and/or character. One letter must be from a faculty member at your high school and the other may be from a community member, family friend or neighbor.
2. An **official** copy of your high school **transcript**.
3. Copy of **Acceptance Letter** from accredited college or university.
4. A **typed essay**, no less than 300 words and no more than 500 words on:
 - how you have overcome an obstacle in life
 - why you have chosen the degree/career you are pursuing
 - why you want to help in the field of mental health
 - how you will use your degree to help elevate those in need

Return the completed application and all required documents, as outlined above, to:

Mrs. Diana Languigne
Kylee Kares Executive Director
12680 Darby Brook Court
Woodbridge, VA 22192

Applications must be postmarked by June 11, 2021 to be considered.

(Signatures below confirm that all information provided in this application is accurate.)

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____
(if applicant is less than 18 years of age)