



KLBMD Education Foundation Scholarships

GUIDELINES

The KLBMD Education Foundation will award up to eight (8) scholarships for the 2019-2020 academic year. The scholarships are for one year in the amount of \$1,000 each, payable at \$500 per semester. Second semester awards are contingent upon passing grades for the first semester. These one-year awards may be used at any accredited college, university or vocational school. Scholarship winners will be chosen during June and notified in July. Winners must enroll as full-time college students in the Fall of 2019.

ELIGIBILITY

In order to be eligible for award you must fall under one of the following categories:

1. Full-time employee or dependent of an owner or full-time employee (spouse, child, or grandchild) of a company that is a member of KBMA. Employee must have been employed during the two years preceding January 1, 2019. Previous scholarship applicants/recipients are encouraged to reapply.
2. Part-time employees of member companies are eligible; their dependents are not. Part-time employees must have been employed during the two years preceding January 1, 2019

SUBMISSION REQUIREMENTS

Please complete the included forms in their entirety and submit with the following supporting documents:

1. Three (3) letters of recommendation as outlined below:
 - a. One from the owner or general manager of the KBMA member firm.
 - b. One from a principal, teacher or counselor at the school you are presently attending or, if not presently attending school, the school most recently attended.
 - c. One from a person of your choice, excluding family members, who knows you well from school, work, or other contact such as sports, etc.
 - d. Each letter should **NOT** exceed ONE (1) page in length.
2. Official transcript from most recent semester or academic year as described below:
 - a. If applying for your FIRST semester of college please submit official transcripts from your senior year of high school
 - b. If applying as a CURRENT or RETURNING college student, please submit official transcripts from your most recent semester of full-time college

All materials should be submitted to the KLBMD Education Foundation office at ryan@kbma.net or:

KLBMD Foundation Scholarship
5932 Timber Ridge Drive, Suite 101
Prospect, KY 40059

SUBMISSIONS & APPLICATION MUST BE POSTMARKED BY MAY 31, 2019!



2019 Scholarship Application

5932 Timber Ridge Drive, Suite 101
Prospect, KY 40059
(502) 245-6730 | ryan@kbma.net

Returning Students

APPLICANT INFORMATION

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Cell Home
Email Address: _____

ACADMIC INFORMATION

Current Institution Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Expected Graduation Date: _____
Cumulative GPA: _____ Advisor Name: _____
Course of Study: _____
Cost of Tuition (yearly): _____ Room/Board Cost (yearly): _____

ELIGIBILITY

KBMA Member Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____
Qualifying Employee's Name and Position: _____
Date Employed: _____ Relation to Applicant: _____

Applicant Name: _____

LETTERS OF RECOMMENDATION

Please attach THREE (3) Letters of Recommendation as outlined below to your application:

1. One from the owner or general manager of the KBMA member firm.
2. One from a principal, teacher or counselor at the school you are presently attending or, if not presently attending school, the school most recently attended.
3. One from a person of your choice, excluding family members, who knows you well from school, work, or other contact such as sports, etc.

Each letter should NOT exceed ONE (1) page in length.

OFFICIAL TRANSCRIPT SUBMISSION

I understand it is my responsibility to have my official transcripts sent to the KLBMD Education Foundation by May 31, 2019.

Applicant Initials: _____ Date: _____

FINANCIAL INFORMATION

List any other scholarships applied for and include the total amount from each that you might receive for the next academic year: _____

List other scholarships you have been awarded and the total amount from each that you might receive for the next academic year: _____

If you would like the Foundation to consider your financial situation, please explain below: _____

Applicant Name: _____

SUPPORTING INFORMATION

In your own words, what is your intended course of study and long-term goals? How are your goals related to your intended course of study? _____

In your own words, how has your contact with the lumber and building materials industry affected your educational and long-term goals? _____

In your own words, describe why you are a good candidate for this scholarship award. How would this award impact your educational and long-term goals? _____

I hereby certify that the information provided in and with this application is true and accurate to the best of my knowledge. I understand that misstatement of facts may disqualify me from receiving or retaining an award. I authorize school officials to release my academic records to the KLBMD Education Foundation.

Applicant Signature: _____ Date: _____