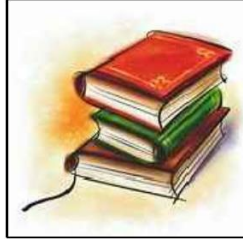


Debby Kyritz Memorial Scholarship

Read to Succeed



SCHOLARSHIP APPLICATION

FOR THE
2023 – 2024 ACADEMIC SCHOOL YEAR

INSTRUCTIONS

Your scholarship application and all supporting documentation must be submitted in one envelope to Ms. Yanira Rosario in the Guidance Office

CHECK LIST

- 1. Application:** Use this application form to apply for the Debby Kyritz Memorial Scholarship. Please complete only one application form. Applications must be complete to be considered. Do not staple documents. All correspondence will go to the address you specify on your application.
- 2. Acceptance Letter:** Provide a copy of acceptance letter(s) from an accredited college or university - if available.
- 3. Essays:** Provide an essay as described in section IX of the application. Please put your name in the upper right hand corner of the essay.
- 4. Letters of Reference:** Provide two letters of reference only - one from a teacher or academic advisor (non-family member), and one from either a work or volunteer supervisor, a youth leader or personal acquaintance (non-family member). Letters from teachers, advisors or employers must be on school or company letterhead. All letters must be signed and dated and include a contact phone number. Photocopies are acceptable. Letters must be sealed in their own envelopes.

Contact the Guidance Office for the required submittal date.

For questions, please contact Tom Kyritz at tpkLU75@verizon.net

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I . STUDENT INFORMATION:

Last Name: _____ First Name: _____

Date of Birth: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Name of School in which currently enrolled: _____

City: _____ State: _____ Zip: _____ Phone: _____

Dates Attended: _____ Expected Graduation Date: _____

Name of Guidance Counselor: _____ E-Mail: _____

II . PARENT INFORMATION:

Name of Parent / Guardian 1: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Place of Employment: _____ Occupation / Title: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Parent / Guardian 2: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Place of Employment: _____ Occupation / Title: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

III . ADMISSION TEST INFORMATION:

SAT Scores: Verbal: _____ Math: _____ Writing: _____ Combined: _____

ACT Score: Combined Score: _____ Writing Score: _____

IV . COLLEGE INFORMATION:

Where do you hope to attend college?

Name of School: _____

Have you been formally accepted? Yes: ☐ Not Yet: ☐

If you have been accepted, please enclose a copy of your acceptance along with this application.

On one typed page for each category, please provide the information requested below for each type of activity in which you have participated. On each page indicate your name and address in the upper right hand corner.

Please list participation in community service / volunteer activities, extracurricular activities at your school, creative writing submittals (where applicable) and your employment history (including summer employment). Include awards / honors, offices held and scholastic awards.

V. Community Service / Volunteer Activities

- Organization or Activity
- Contact Name
- Phone Number
- Address
- Date(s) of Service
- Description of Duties

VI . Extracurricular Activities

- Activity
- Date(s) of Participation
- Offices Held
- Awards / Honors / Scholastic Awards

VII . Creative Writing (optional)

- Type of Writing (short story, poetry, essay, news article, review, etc.)
- Where Submitted (school publication, newspaper, magazine, web site, etc.)
- Date Submitted

VIII . Employment History

- Name of Employer
- Contact Name
- Phone Number
- Address
- Date(s) of Employment
- Description of Duties / Completed Hours

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IX . ESSAY:

On a separate page, please provide a one-page, one-sided typed essay describing a book or books that have affected you deeply and explain why.

X . APPLICATION CHECKLIST:

Be sure your application is complete. We cannot review it if any of the following information is missing. This scholarship application becomes complete and valid *only* when we have received the following materials:

- ☐ Completed, signed scholarship application
- ☐ Information regarding Creative Writing Submittals
- ☐ Information regarding Community Service / Volunteer Activities
- ☐ Information regarding Extracurricular Activities
- ☐ Information regarding Employment History
- ☐ Acceptance letter from college or university - if available
- ☐ Essay as described in application
- ☐ Two letters of reference

XI . PLEASE READ CAREFULLY BEFORE SIGNING

By signing and submitting this application, I, _____ certify that the information and supporting documentation provided is accurate and true to the best of my knowledge. I understand that if I have falsified any information, I am ineligible for the scholarship. The provision of false information will result in the termination of a scholarship if one is awarded to me. I give my permission for a representative of the Debby Kyritz Memorial Scholarship Fund to speak with the Office of the Registrar or Financial Aid Office at my college or university regarding my scholarship awards. I also give permission to the Debby Kyritz Memorial Scholarship Fund to list my name in publications and other materials which promote or report on its scholarship program.

_____	_____
Applicant's Signature	Date

_____	_____
Parent / Guardian Signature (Please sign if applicant is under 18)	Date

Contact the Guidance Office for the required submittal date.

For questions, please contact Tom Kyritz @ [tpkLU75@ verizon.net](mailto:tpkLU75@verizon.net)