



Bryce Kennedy Memorial, Inc.

PMB 163

2438 Industrial Blvd

Abilene, TX 79605

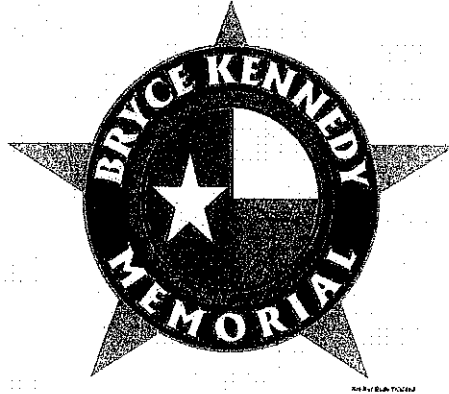
brycekennedymemorial@yahoo.com

Bryce Kennedy Memorial, Inc Scholarship

The Bryce Kennedy Memorial, Inc. scholarship is named for Bryce Kennedy, a 2005 graduate of Cooper High School. Please see our webpage www.brycekennedymemorial.org for more information about Bryce Kennedy Memorial, Inc. and/or Bryce. The scholarship is designated to provide financial assistance to a graduating senior who is planning to attend an accredited college. The scholarship will provide \$2000 (\$1000 for the fall semester and \$1000 for the spring semester) for the recipient. The disbursement will be \$1000 upon award of the scholarship and \$1000 the beginning of the spring semester.

Requirements

1. Graduating Senior whom has participated in/or witnessed a Shattered Dreams Program sponsored by Bryce Kennedy Memorial, Inc.
2. Must maintain a GPA of 2.5
3. Be enrolled as a full time student (12 hours) in an accredited college.
4. Have no alcohol violations while receiving this scholarship.
5. Contact Bryce Kennedy Memorial prior to the spring semester and provide proof of remaining in school to receive second installment.



The applicant must submit the following as part of the application

1. Completed application form- with proof of intent to be enrolled in accredited college.
2. A brief essay explaining how the Shattered Dreams program affected you or what it meant to you. (Please keep between 500-1000 words) signed at the bottom.
3. One recent photograph of yourself.
4. Two letters of recommendation from an individual not related to you. For instance: Principal, teacher, counselor, pastor, employer or supervisor from an organization for which you volunteered.

The application form, essay, references and photograph should be assembled together and submitted in one envelope and mailed to the above address. Application should be received by June, 15. The winner of the scholarship will be announced at our annual fund raiser, Bryce Kennedy Memorial, Shattered Clays for Shattered Dreams, Sporting Clay Event that is held in the summer. The recipient does not have to be present at the event.

Application must be received by June 15 in
order to be considered

Bryce Kennedy Memorial Scholarship Application

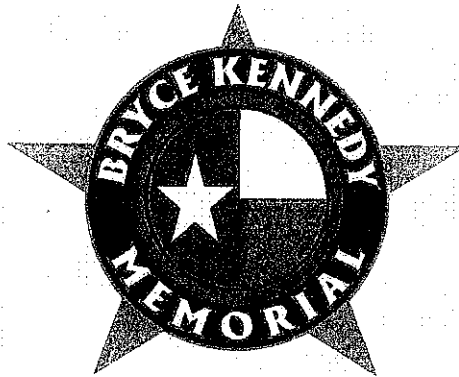
Name _____ Telephone # _____
Address _____ City _____ Zip Code _____
E-mail _____
Date of Birth _____ Gender: MALE FEMALE
High School you attended _____
Date of Shattered Dreams Program _____
College you plan to attend _____

Certification of Applicant

I hereby authorize the Bryce Kennedy Memorial Scholarship Committee to verify all facts contained in my application for scholarship. I authorize my references to give any information personal or otherwise, and release those parties and the Bryce Kennedy Memorial Scholarship Committee and Board from all liabilities that they may have for any damages, which may result from the furnishing of that information. If awarded the scholarship by Bryce Kennedy Memorial, Inc. I understand that I am responsible for meeting the minimum eligibility requirements for the scholarship. These requirements for the scholarship are: (1) Graduating Senior who participated in/or witnessed the Shattered Dreams Program sponsored by Bryce Kennedy Memorial, Inc. (this could be at any time in their high school career) (2) Must maintain a 2.5 GPA (3) Must be enrolled full time in an accredited college. (4) Have no alcohol violations while receiving this scholarship. (5) Proof of enrollment in an accredited college. I also agree to hold myself to a high moral standard that reflects positively on this scholarship. I understand that the decisions of the Bryce Kennedy Memorial Scholarship Committee, as empowered by Bryce Kennedy Memorial, Inc., and their decisions are final.

I certify that the facts listed in my application for this scholarship are true and correct the best of my knowledge, and I understand that any false information, misrepresentation, or omission of facts shall be cause for rejection of this application or withdrawal of the scholarship, if it is awarded to me. All submitted essays become property of Bryce Kennedy Memorial, Inc for them to use as they see fit.

Signature of Applicant _____ Date _____



Applicant Check List

- _____ Application filled out completely
- _____ Essay completed and signed
- _____ Recent Photograph
- _____ Reference letters

The scholarship committee will notify the winner of this scholarship prior to the Bryce Kennedy Memorial, Shattered Clays for Shattered Dreams, Sporting Clay Event to be held in the summer.

www.brycekennedymemorial.org