

# Scholarship Application



**PATRICK KELLEY**  
Youth Foundation

## About Us

The Patrick Kelley Youth Foundation was founded to honor a wonderful man, Patrick Kelley. Pat loved children and they loved him. He felt very strongly that children should have goals they could work towards. He felt this built character and gave them the tools to become responsible and successful adults.

## Eligibility

All high school seniors in Clark County who plan to attend an accredited 4 year post-secondary institution in the state of Nevada as a full-time student during the academic year following their graduation may apply for this scholarship. Applicants must be involved in some type of extra-curricular activity. Other qualifications include demonstration of financial need and a cumulative GPA of 3.0.

Note: Combined family income cannot exceed \$70,000. If you are not supported by your family, your income cannot exceed \$70,000. You may apply for this scholarship if your income exceeds \$70,000 however, weight will given to those earning less than \$70,000. You may apply for this scholarship if you plan on attending a school outside of Nevada, however weight will be given to those attending Nevada schools. If you or a relative is a member of the board of directors, an officer, or an employee of the Patrick Kelley Youth Foundation, you are not eligible for this scholarship.

## Award

One \$5,000 scholarship will be awarded. Students must plan to obtain a bachelor's degree and be enrolled on a full-time basis.

The award may be renewable for up to three years and \$2,500 per semester providing that the recipient: maintains a 3.0 cumulative GPA, is enrolled full-time, and participates in PKYF Bike Day. The Patrick Kelley Youth Foundation reserves the right to terminate scholarships at any time for any reason.

## Deadline

Applications must received in the Foundation office or postmarked by April 15, 2019.

## Required Documents

Please submit the completed application, including the following documents in this order:

- Applicant's General Information
- Financial Statement (Note: Combined family income must be less than \$70,000)
- A one page typed essay describing the following:
  1. Educational and career objectives
  2. A brief statement about yourself and any extracurricular activities in which you have been involved. A verification letter adds additional weight to your application.
  3. Why you should be a Patrick Kelley Youth Foundation scholarship recipient
- Two letters of recommendation from school personnel (teacher, school counselor, school administrator, coach), employer, community service organization, or another adult who knows you well. **Only two letters will be sent to the selection committee; any additional letters will not be considered.**
- Transcript (including 7<sup>th</sup> semester grades)/Test Scores
- Resume of awards, activities, employment (including average hours worked per week and community service. Please include the name of your employer if you are currently employed.

## Applying

Application is available at [www.pkyf.org/scholarship.htm](http://www.pkyf.org/scholarship.htm)

You may apply by:

1. Emailing completed application and all required documents to [eglusman@pkyf.org](mailto:eglusman@pkyf.org)
  - a. In the subject box of the message please type: Scholarship Application
  - b. Please name your file: last name\_first name\_scholarship
2. Mailing and/or dropping-off completed applications and all required documents to:

Patrick Kelley Youth Foundation

Attn: Scholarship

355 Convention Center Drive

Las Vegas, Nevada 89109

**APPLICANT'S GENERAL INFORMATION**  
PLEASE **PRINT** AND FILL IN ALL REQUESTED INFORMATION

Name: \_\_\_\_\_  
Last First Middle Initial

Telephone: ( ) \_\_\_\_\_ Include Area Code

Current Address: \_\_\_\_\_  
Street

City State Zip

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_ Age: \_\_\_\_\_

Student ID No.: \_\_\_\_\_

Please check your race/ethnic group: (This entry is **optional** and if completed will be used solely for statistical record-keeping information)

\_\_\_\_\_ American Indian \_\_\_\_\_ Black/African-American \_\_\_\_\_ Filipino \_\_\_\_\_ Asian  
\_\_\_\_\_ Caucasian/White \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ Other Specify \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, Visa type: \_\_\_\_\_ Amnesty No.: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ (Month/Year)

Desired College Major: \_\_\_\_\_

Occupation for which you are preparing: \_\_\_\_\_

I will be transferring to \_\_\_\_\_  
in \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall

I am presently employed: \_\_\_\_\_ Yes \_\_\_\_\_ No Average number of weekly hours: \_\_\_\_\_

(Please check one) \_\_\_\_\_ Salary \_\_\_\_\_ per week \_\_\_\_\_ per hour

Where employed: \_\_\_\_\_  
Company Name Company Phone Number

Address

City State Zip

How long employed: \_\_\_\_\_ Months \_\_\_\_\_ Years Position: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Do you plan to work next semester: \_\_\_\_\_ Yes \_\_\_\_\_ No Weekly hours: \_\_\_\_\_

**FINANCIAL STATEMENT**

*If this information is incomplete we cannot process your application. If employed, attach verification of employment letter on company letterhead.*

Complete either Section 1a. or Section 1b. Be as accurate as possible.

**1a. For students living at home or receiving assistance from their family:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

How long employed: \_\_\_\_\_ How long employed: \_\_\_\_\_

Parents annual income from wages \$ \_\_\_\_\_

Your annual income from wages \$ \_\_\_\_\_

Married \_\_\_\_\_ Unmarried \_\_\_\_\_

If married, Spouse's annual income from wages \$ \_\_\_\_\_

Family income from other sources: Social Sec., Veterans, AFDC, etc. \$ \_\_\_\_\_

**1b. For students who are financially independent (i.e., you do not receive any support other than listed below):**

Your annual income from wages \$ \_\_\_\_\_

Married \_\_\_\_\_ Unmarried \_\_\_\_\_

If married, Spouse's annual income from wages \$ \_\_\_\_\_

Ages and names of dependent children or other dependents:

AGE NAME RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you receive financial aid? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what type? \_\_\_\_\_

I am not eligible for Financial Aid or Public Support for higher education because:

_____
_____
_____

Briefly describe any unusual circumstances that affect your financial condition:

## Certifications and Authorizations

All of the information provided on this form is true and complete to the best of my knowledge. I certify that I am attending or plan to enroll in an accredited and approved post-secondary institution for the 2017-2018 academic years. I hereby authorize the Patrick Kelley Youth Foundation to utilize information about my application and my likeness for publicity and public relations purposes. **I also understand and agree that if awarded a scholarship, I am required to attend a Nevada lower school, upper school, college, university or trade school applied for and that I must maintain at least a 3.0 (B) grade point average at all times.**

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Student Signature

Date

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Parent/Guardian Signature (Required if applicant is under 18 years of age)

Date

I understand that if I do not graduate from high school by meeting all standards set forth by the Department of Education of the State of Nevada, I will forfeit this scholarship should it be awarded to me. I agree to abide by all of the terms of the scholarship award or forfeit the award should it be awarded to me. I also agree that all parts of the application are retained as property of the Patrick Kelley Youth Foundation. I understand that the Patrick Kelley Youth Foundation reserves the right to terminate my scholarship for any reason should I be selected as a scholarship recipient.

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Student Signature

Date

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Parent/Guardian Signature (Required if applicant is under 18 years of age)

Date

### **AUTHORIZATION FOR RELEASE OF RECORDS**

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, permission is hereby given to school officials to release the school records and other requested information for consideration in the Patrick Kelley Youth Foundation scholarship Las Vegas.

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Student Signature

Date

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Parent/Guardian Signature (Required if applicant is under 18 years of age)

Date

Your application will not be reviewed without this document.