



*Kathee Livengood Memorial Scholarship Fund*  
*"Empowering Women through education"*



## SCHOLARSHIP APPLICATION

(Please fill out the attached 3-page form so that it can be read easily)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

# of family members in household: \_\_\_\_\_ Ages: \_\_\_\_\_

Name of School: \_\_\_\_\_ Student ID# \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Semester (circle) Fall Spring

Course of Study: \_\_\_\_\_ Length of course: \_\_\_\_\_

Counselor Name (if applicable): \_\_\_\_\_

Please Circle Non-Profit Affiliation: Gatehouse GRACE Other \_\_\_\_\_

Name of Person Recommending: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### For Internal Use Only

Letter of Recommendation: Y or N Proof of Enrollment Y or N Date Reviewed by Committee: \_\_\_\_\_

Recipient Y or N Amount Awarded: \$ \_\_\_\_\_

Amount Paid to School: \$ \_\_\_\_\_ Check# \_\_\_\_\_ Date Paid: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_



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*The KL Memorial Scholarship Fund was established in 2013. The scholarship is awarded to women in the Greater Tarrant County area who are gaining educational skills to obtain employment and/or to improve their earning potential. This scholarship may be awarded to vocational schools, culinary institutes, beauty colleges, healthcare training facilities, trade schools, community colleges and/or 4-year universities.*

**Please briefly answer the following questions:**

***2. Give us a little bit of background about yourself and your family?***

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***2. What events in your life have made it difficult to pursue your educational goals?***

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***3. Describe how receiving this scholarship will help you achieve your goals.***

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**Applications must be completed and received by**

**Friday, November 15, 2018**

Completed Applications can be delivered, or mailed to the  
Grapevine Chamber-200 Vine Street – Grapevine, Texas 76051 (C/O KL Scholarship Committee).

Can also be emailed to [katheesscholarship@gmail.com](mailto:katheesscholarship@gmail.com)

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## **KL Memorial Scholarship Criteria and Requirements**

1. The scholarship is for women who demonstrate characteristics that include financial need, desire to improve their life and other deserving qualities as may be determined by the committee.
2. A letter of Recommendation is to be included with all applications.
3. Applicants must complete the application and return it by the deadline to be eligible to receive a scholarship.
4. All scholarships (maximum of \$1,500) are paid directly to the **INSTITUTION** based on actual expenses/receipts provided (may include books and fees).
5. If a recipient is unable to use all or any part of the scholarship, the monies awarded may be presented to another applicant/recipient. Applications will be reviewed and recipients will be notified by the Committee. Availability of funds and a scholarship award is not guaranteed.
6. All information provided by applicant will be kept confidential by the Committee.

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email/Phone #: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Applications are due no later than**

**November 15, 2018**

Thank you for taking the time to complete this application on a timely basis.