Kaela Marie Archambault

**(Keeping Memories Alive) Memorial Scholarship**

**2020-2021**

**Eligibility:**

* Currently a senior at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School
* Committed to attending a college in the state of Missouri
* Completed application form submitted prior to April 20th, 2021.
* Planning to pursue a career in Nursing/Children’s Medical Field, Childcare Field or Education
* Applicant must have a cumulative GPA of 2.75 or higher.

**Regulations:**

* Please type or print clearly.
* Completed applications are to be submitted to the Shawna@kmafoundation.org or mailing to KMA Foundation, 1560 Woodlake Dr. Chesterfield, MO 63017 by April 20th, 2021.
* Please attach (1) letters of recommendation and current Applications will be reviewed by the Kaela Marie Archambault Scholarship Committee.
* A scholarship will be guaranteed for a minimum of $500.
* The scholarship recipients will be notified by email or phone by June 15, 2021.
* Individuals selected must provide proof of enrollment for post-secondary education by July 30th, 2021 to received grant funds. Send copy to shawna@kmafoundation.org
* Grants funds will be mailed to awarded applicants after proof of enrollment has been received.

**SCHOOL ACTIVITIES – List High School Clubs and Sports participation grades 9 – 12**

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| **NAME OF ORGANIZATION** |  | **GRADE** |
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| RECOGNITION/ACHIEVEMENTS: List awards and honors received grades 9- 12 |
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STUDENT PROFILE: **Please respond briefly to the following questions listed on this form or typed in essay form.**

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| In what ways do you help your family?  |
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| How have you made a positive difference at your high school in awareness for others and yourself when it comes to driving safely? |
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| What will receiving the Kaela Marie Archambault Memorial Scholarship mean to you? |
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**Why do you want to pursue a career in Nursing/Children’s Medical Field or Childcare Field, or Education? What qualities do you possess that would make you a good candidate for this career?**

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STUDENT INFORMATION:

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| --- | --- | --- | --- | --- |
| Name: |  |  | Address: |  |
| City/State: |  |  | ZIP: |  |  | Telephone: |  |
|  |
| “I consent to the release of the information provided for the purpose of evaluation by the Kaela Marie Archambault Scholarship Committee or their appointed representatives.”  |
| Signature: |  |  | Date: |  |

Please email to shawna@kmafounation.org or by mailing to KMA Foundation Inc., 1560 Woodlake Dr. Chesterfield, MO 63017 April 20th, 2021.

THANK YOU FOR APPLYING FOR THE
**2021 Kaela Marie Archambault Memorial Scholarship**

**Sponsored by KMA Foundation Inc.**

**Any Questions please call 636-442-1451**