Name : **Date:**

KLL MEMORIAL SCHOLARSHIP FUND

Founded In Loving Memory of Kelly Lynn Lutz

www.kllscholarshipfund.com

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Kelly Lutz, a teacher by training, was a hardworking stay-at-home mother for her two daughters, Mackenzie and Sydney; and a strong support for her husband, Shane. Kelly was one who tapped into her creative side to make things special for those around her.

Kelly and Shane met while attending Kansas State University and were married in 1991. Their first daughter, Mackenzie was born in 1994, followed by Sydney in 1997. Kelly enjoyed volunteering and attending her children's many activities and events. She was also a dedicated volunteer at their school.

Kelly was first diagnosed with breast cancer in 1998. She valiantly fought the disease; and at times, appeared to have beaten it. Her spirit and will to survive were an inspiration to many. What she left for many people is that she always had a smile, she always had a good time, and she made the most of everything. Her fight with cancer ended May 9, 2008.

The KLL Memorial Scholarship Fund was established to offer help to kids who have lost a parent to cancer. We thank you for submitting your application. If you have any questions, please do not hesitate to email shanelutz72@gmail.com.

Scholarship Information:

A. **Application: Please verify you have the most recent application. It can be found at www.kllscholarshipfund.org under Scholarships > Apply.**

B. **Due Date: The completed application is due no later than January 10 to the address below. Deliveries (Fedex, UPS, etc.) cannot be accepted at the Shawnee Mission address.**

Regular Mail:
P. O. Box 23395
Shawnee Mission, KS 66283

Fedex, UPS, etc.:
Shane Lutz
12300 W 161 St
Overland Park, KS 66221

Email: Applications can be sent by email to shanelutz72@gmail.com. *The application must be sent as a single PDF file. Compiling the file is the responsibility of the applicant.* It is recommended that the applicant send a separate confirmation email in case the attached application exceeds email limits.

C. **Qualifications**: **To qualify, the applicant needs to meet the following criteria:**

1. **Lost the life of at least one parent (biological or not) to cancer before the age of 22.**
2. **Be a US citizen and live in Kansas or Missouri.**
3. **Attend a 2- or 4-year higher education (secondary, trades, etc.).**
4. **Show service involvement in the community, church, school, or other non-curricular activity.**
5. **Indicate financial need.**
6. **Submit the completed application, including personal essay and reference.**
7. **Submit a copy of the parent's death certificate.**
8. **Submit a current picture of yourself and a family picture that includes the deceased parent.**

D. **Dispersion**: **The scholarship will be at least $2,500, renewable for up to a total of four years (at least $10,000 total maximum), awarded annually. For renewal, the receiver will be responsible to maintain a minimum GPA of 3.0 based on a 4.0 scale. A letter from the educational institution will be required to be submitted to ensure this requirement is met. After confirmation from the previous year, funds for the following year will be released. Funds would be paid to the college or university directly.**

KLL MEMORIAL SCHOLARSHIP APPLICATION

All information below is required.

NAME: **BIRTH DATE:** ☐ **U.S. CITIZEN**

ADDRESS: **PERMANENT EMAIL:**

CITY/STATE: **ZIP:** **CELL PHONE:**

HIGH SCHOOL ATTENDED:

DECEASED PARENT NAME: ☐ **father** ☐ **mother**

TYPE OF CANCER: **DATE OF PASSING:**

PHYSICIAN: **HOSPITAL:**

SURVIVING PARENT: **CELL PHONE:**

EMAIL:

CURRENT CARETAKER'S NAME AND RELATION, IF OTHER THAN PARENT:

SURVIVING PARENT / CARETAKER'S OCCUPATION:

SURVIVING PARENT / CARETAKER'S PLACE OF EMPLOYMENT:

OTHER DEPENDENTS / HOUSEHOLD MEMBERS AND AGES:

SURVIVING PARENT / CARETAKER'S 1040 ADJUSTED GROSS INCOME:

LIST ANY PERTINANT FINANCIAL CIRCUMSTANCES:

ARE YOU RECEIVING ANY OTHER SCHOLARSHIP AWARDS:

If you are already in college, please indicate and provide your college GPA.

COLLEGE YOU PLAN TO ATTEND:

HAVE YOU BEEN ACCEPTED? **YES:** **NO:** **ALREADY ATTENDING:** _____ **SEMESTERS REMAINING:**

HAVE YOU APPLIED FOR FINANCIAL AID? **YES:** **NO:**

GRADE POINT AVERAGE: **CLASS RANK:** **OUT OF:**

ACT COMPOSITE SCORE: **SAT SCORE:**

INTENDED MAJOR / CAREER GOAL:

WHY ARE YOU INTERESTED IN THIS FIELD?

HOW DID YOU HEAR OF THE KLL FOUNDATION?

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SCHOOL ACTIVITIES / AWARDS:

COMMUNITY / NON-SCHOOL ACTIVITIES:

WORK EXPERIENCE:

ANY OTHER INFORMATION THAT WOULD HELP US IN MAKING OUR DECISION:

REFERENCES: **Name** **Home Phone** **Cell Phone** **Email**

School:

Community:

Other:

This information is true and correct to the best of my knowledge. I give permission for records to be released to the KLL Memorial Scholarship Fund Committee. I agree to allow the following to be released to the press or other publicity upon award: names of applicant and parents / caretaker, picture, all or part of the submitted essay, high school attended, intended university, and major. All other information will be held in strict confidence unless specific permission is received. Other data may be requested as needed, including additional information regarding the deceased.

APPLICANT'S SIGNATURE: **DATE:**

PARENT'S CARETAKER'S SIGNATURE: **DATE:**

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PERSONAL ESSAY

PLEASE PROVIDE A PERSONAL ESSAY, CHOOSING THREE OF THE FOLLOWING QUESTIONS. ADD INFORMATION OR EXPAND BEYOND THESE QUESTIONS AS YOU LIKE.

1. **Describe how your loss has made a difference in your life.**
2. **How will this scholarship affect you and your family?**
3. **How has the occurrence of cancer in your parent impacted your life?**
4. **What was the biggest adjustment in your life since your parent's battle with cancer began/ended?**
5. **What have you learned from this experience and how might you help others because of it?**
6. **What do you prize more now than before this experience?**
7. **What are your academic and professional goals? What do you dream of doing in the future?**
8. **What advice would you give to a child whose parent has just been diagnosed with breast cancer?**

Note to Applicant: Unfortunately, cancer strikes millions of people each year and has left countless children without parents. Please understand that your fellow applicants have all gone through a similar experience. ***Personal essays are among the most important factors in awarding scholarships.*** Please consider this an opportunity to show the selection committee how you have changed or how cancer has impacted you.

PERSONAL (FAMILY FRIEND) REFERENCE

PLEASE PROVIDE AT LEAST ONE REFERENCE LETTER FROM A CLOSE FAMILY FRIEND DESCRIBING THEIR RELATIONSHIP WITH THE APPLICANT AND THE APPLICANT'S FAMILY; ALSO SHARING WHY THE APPLICANT WOULD BE THE BEST CHOICE FOR THIS SCHOLARSHIP. YOU ARE ENCOURAGED TO SUBMIT MORE THAN ONE REFERENCE.
