



Kyle Sizemore Memorial Fund Drivers Education Scholarship Application

Revised 3/09

The purpose of this scholarship is to give financial support to students for an accredited drivers education course, either from a private driving school or the NK School District program.

Application Criteria:

- Enrolled student in the North Kitsap School District
- Demonstrate financial need
- Have a cumulative 2.5 GPA

In addition to this completed application, please include the following:

- 1. Essay:** Write a brief essay (1 page) on how impaired, inattentive or dangerous driving has affected you or your family, what it means to be a responsible driver, and how receiving a scholarship will help you and your family.
- 2. References:** Attach two recommendation letters which focus on good citizenship. One should be from a teacher, coach or your school counselor, the other one from a member of the community (not related to you).
- 3. Grades/Transcript:** A copy of your most recent report card, or your official school transcript must be enclosed with your application.

You will be required to fill out a feedback form after finishing the course to provide NKSF with information on how we can improve this scholarship program.

Please print neatly in black ink:

Name: _____ Social Security #: _____

Mailing Address: _____
Street or P.O. Box City Zip

Phone: _____ e-mail: _____

Birth Date: _____ Year in School: _____ Current NK School: _____

Driver education school you plan to attend (NK Traffic Safety, Northwest Driving School, etc):

Starting date (if known) _____ Cost of Course \$ _____ Amount Requested \$ _____

What other scholarships are you applying for to help pay for this course? _____

Names and ages of siblings: _____

Verification: I affirm that the information included with my application is true and accurate in all respects. I also understand that if selected, the awarding of funds is contingent upon my enrollment in an accredited course and that the funds will be paid directly to the course provider.

Student Signature

Date

Financial Information:

Name: Father or Male Guardian

Name: Mother or Female Guardian

Address (if different than yours)

Address (if different than yours)

Phone

Phone

Occupation

Occupation

Employer

How Long?

Employer

How Long?

ANNUAL INCOME:

Father/Male Guardian \$ _____

Mother/Female Guardian \$ _____

Student \$ _____

Other* \$ _____

Total Income during the past Tax Year \$ _____

* Please specify: Child Support, Welfare, Social Security, Retirement etc. _____

Verification: I affirm that the above financial information is complete and accurate.

Parent or Guardian's Signature

Date

Please mail your completed application and attachments to the address listed below. Applications received by NKSF or postmarked by the 15th of each month will be reviewed and notification sent to applicants by the end of each month.

**North Kitsap Schools Foundation
P.O. Box 1236
Kingston, WA 98346**

For more information e-mail "contact@nkschoolsfoundation.org"