



KFEIRIAN REUNION FOUNDATION, INC

Denise Russell, Treasurer

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INSTRUCTION AND INFORMATION FORM

Attached is your application for the Kfeirian Reunion Foundation Scholarship Award for the current school year. Financial need, leadership, and scholastic ability are the criteria by which applicants are judged, in addition to meeting the requirements of the Kfeirian Reunion Scholarship Program. Scholarships are limited to four years and designed for courses leading to an undergraduate degree in an accredited college or university. Scholarship applicants are required to maintain a Freshman Grade Point Average (GPA) of 2.0 and 2.5 average thereafter. Failure to meet these requirements due to unusual or extenuating circumstances could be a subject for review by the scholarship committee. Students who receive this award are required to carry a normal load with a minimum of 12 credit hours each semester.

It is your responsibility to notify the committee if you change schools or drop out. The current scholarship award is \$600 annually. Checks are mailed directly to your college or university for \$300 in August and \$300 in December. **Recipients of a scholarship award are required to attend a Kfeirian Reunion at least once during your first three years in order to be eligible for a fourth year scholarship.** Applications must be received by August 1, if the reunion is held on Labor Day Weekend. If the reunion is held in July, applications are due on June 1. Second and third year students need only to send current spring and fall transcripts. First year applicants must also include the following:

- A. Original application and one copy. Please type or print legibly.
- B. Certified Official Transcripts of the recently completed school year and one copy.
- C. Recent wallet sized Senior or passport size photo
- D. Parent's US Form 1040 Individual Income Tax Return for the current year. This will be reviewed by the Scholarship Chairman and Secretary **ONLY** and will be kept **STRICTLY CONFIDENTIAL**. If you have any questions please call me.
- E. Applications will be evaluated by an independent panel from Marshall University.

RETURN THIS PART WITH YOUR APPLICATION

1. Name (Type/Print) _____
Nearest Kfeirian Relative _____

2. Social Security Number _____ -- _____ -- _____
Date You Last Attended a Kfeirian Reunion ___/___/___

3. Telephone where you can be reached: (_____) _____ - _____
E-mail _____

4. What is your planned field of study or major?

Announcement of scholarship recipients shall be made at the annual Kfeirian Reunion.

STUDENT APPLICATION

(All information provided is confidential)

Date _____
Name _____
Social Security # _____
Phone _____
Date of Birth _____
Place of Birth _____
Email _____

General Regulations:

It is understood that any student applying for the Scholarship Award offered by the foundation is of Kfeirian decent. All applications are evaluated by an independent faculty panel from Marshall University. The scholarship is awarded primarily to give financial assistance to high ranking students and is optional one year at a time up to four years of undergraduate studies. Scholarships will be awarded annually. They will be credited in two equal installments directly to the college of your choice. A student must carry a normal load of credit hours each semester. Extenuating circumstances will be considered.

No awards will be granted unless all information is completed.

- * All applications must be made in original and a copy, or electronically.
- * All applications must be sent directly to the Scholarship Committee Chairman.
- * Deadline for applications: If the Reunion is held in July, the deadline is June 1. If the Reunion is held on Labor Day Weekend, the deadline is August 1.
- * The scholarship is open to any student within the scope of the foundation.

Father and Mother full name: (if different list separately)

Father and mother total income _____

Home address: Street/City/Zip _____

High school attended _____ Date of graduation _____

List special recognition, honors, extra-curricular activities

List financial assistance received from any other sources

List work you have done and what you have earned

Give name, address, and phone numbers of three persons, not related, to whom the committee may refer for further information.

- 1.
- 2.
- 3.

School you choose to attend _____

Phone _____

School address: Street/City/Zip _____

Major _____ Will you live in dorm or off campus housing _____

Anticipated income and expenses during school year

List Income List Expenses

Cash on hand or savings _____ Tuition and fees _____

Assistance from family _____ Room and board _____

Organizations _____ Loans _____ Books _____
Anticipated earnings _____ Other (specify) _____
Total Income _____ Total expenses _____

State briefly in your own words why you are seeking this scholarship - Use separate sheet of paper and attach

TO BE FILLED OUT BY THE HIGH SCHOOL OFFICE (For students applying directly out of High School)

Name of student _____

Entered _____

Scholastic aptitude, name of test _____

Percentile Rating _____

Scholastic average: Semester I Semester II Conditions or failures

First Year

Second Year

Third Year

Fourth Year

General scholastic promise in college: In my opinion this applicant will in college (Check Below)

___ Have difficulty ___ Have average success

___ Have better than average success ___ Honor student

Personality traits:

Evaluation:

Leadership

Ability to think

Study habits

Emotional control

Industry and Initiative

Additional comments

Principal's signature and date _____