KIMBALL HIGH SCHOOL NATIONAL ALUMNI ASSOCIATION

CONTINUING EDUCATION AWARD - 2024

This award is available to students who will be enrolled as sophomores, juniors, or seniors at a college or university. Applicant must be a direct relative of a KHSNAA member whose membership is currently active and was active during the previous year; or a former member who is now deceased.

Application Guidelines and Instructions

- 1. The application must be typed or printed.
- 2. The following must be submitted with the application:
 - a. Official transcript of grades (<u>must be</u> in sealed envelope from education institute);
 - b. An essay of at least 200 words supporting your application;
 - c. A letter of recommendation from other than relatives (<u>dated and within one year of application submission</u>).
 - Letters of recommendation from professional organizations should be **dated and on letterhead**.
 - All other letters of recommendation should be **dated and signed**.
- 3. Unofficial transcripts may be submitted at time of application for evaluation; however, official transcripts <u>must be submitted by 20 August or prior to</u> the scheduled annual reunion to be awarded.
- 4. After the commencement of attendance at your college/university for the 2024-2025 school year, you must provide an official <u>Verification of Attendance</u> from your registrar's office.

NOTE: Funds will not be released until verification has been received.

5. Completed application, including items a., b., and c. above must be postmarked by **August 10, 2024**, and E-mailed to (jcabbell1@aol.com) or Postal Mail to:

JANICE CABBELL, Chairperson KHSNAA National Programs Committee 32 Carrollwood Drive Tarrytown, NY 10951 Telephone: (914) 414-5783

KIMBALL HIGH SCHOOL NATIONAL ALUMNI ASSOCIATION CONTINUING EDUCATON AWARD APPLICATION - 2024

| NAME | | | | | | |
|---------------------------------|--------------|--------------|--------------|---------------|-------------------|--|
| ADDRESS | | | | | | |
| Ci | ty | | State | Zip | Tele. No. | |
| COLLEGE/UNIV | | | | _MAJOR _ | | |
| List significant awards, co-cur | riculum act | ivities, hor | nors, worl | κ/volunteer : | activities, etc. | |
| | | | | | | |
| Write a statement indicating th | e significar | nce of this | award to | you (this is | separate from ess | |
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| | | | | | | |
| DEGGENDANT OF | NI | | | | | |
| DESCENDANT OF: | | | | | | |
| | | City | | State | Zip | |
| Nature of Relat | tionship: | i.e., Par | ent(s), Gran | dparents, Unc | le, etc. | |
| Applicant Signature | | | | Date | | |

Completed application must be postmarked by August 10, 2024