

KDMF “Victim Relief” Scholarship

In Memory of Katie DeCubellis

2012

The Katie DeCubellis Memorial Foundation is a local non-profit organization established in the memory of Katie DeCubellis, a 13-year old Narragansett student killed by a drunk driver on October 29, 1999. The KDMF seeks to help others and to make our community a better place in which to live. In so doing, the KDMF annually provides a variety of scholarships to high school seniors about to further their education in a technical program or in a two- or four-year college program.

The KDMF awards one annual “Katie DeCubellis Victim Relief Scholarship” in the amount of \$1,000 to a Senior high school student in Rhode Island who best exemplifies the strength, courage and commitment to triumph over the physical, emotional and/or financial tragedy resulting from an impaired driver.

Please complete the attached application and return to the **KDMF EDUCATION SUB COMMITTEE, 585 JEFFERSON BOULEVARD, WARWICK, RI 02886** **NO LATER THAN APRIL 29, 2012**. Late applications will not be accepted.

Please provide the following information:

1. Katie DeCubellis Memorial Foundation Scholarship Application.
2. Have a Sponsor complete the appropriate section of the Application. The Sponsor may also submit an additional letter of recommendation in support of your Application.
3. **Essay:** *Submit an essay expressing how you have been physically, emotionally and/or financially affected by a crash involving an impaired driver .*
4. All sections of the application must be completed in order for the application to be considered.

All information provided is confidential and for the exclusive use of the Katie DeCubellis Memorial Foundation Scholarship Committee.

***KATIE DECUBELLIS VICTIM RELIEF SCHOLARSHIP
APPLICATION***

In Memory of Katie DeCubellis

2012

PLEASE COMPLETE THIS APPLICATION AND MAIL IT NO LATER THAN APRIL 29, 2012

TO: ATTN: KDMF – EDUCATION SUB COMMITTEE
 585 JEFFERSON BOULEVARD
 WARWICK, RI 02886

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____

E-MAIL ADDRESS: _____

HIGH SCHOOL ATTENDED: _____

YEAR OF GRADUATION: _____

SCHOOL YOU WILL BE ATTENDING IN SEPTEMBER: _____

PLEASE LIST ANY SCHOLARSHIPS OR GRANTS THAT YOU HAVE BEEN AWARDED:

ESSAY QUESTION

PLEASE ATTACH AN ESSAY EXPRESSING HOW YOU HAVE BEEN PHYSICALLY, EMOTIONALLY AND/OR FINANCIALLY AFFECTED BY A CRASH INVOLVING AN IMPAIRED DRIVER.

THIS SECTION TO BE COMPLETED BY YOUR SPONSOR

WHO IS RATING THE STUDENT? _____

RELATIONSHIP: _____

LENGTH OF RELATIONSHIP: _____

WHAT IS YOUR GENERAL EVALUATION OF THIS STUDENT?

WHY DO YOU THINK THIS CANDIDATE SHOULD BE RECOGNIZED?

OTHER COMMENTS: _____

SIGNATURE: _____

SIGNATURES

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (if under 18): _____