

# The Kit Faragher Memorial Scholarship Application for 2008-2009 School Year



The Kit Faragher Memorial Scholarship was created in 2002 by the Janus Foundation, in memory of their Janus employee, Kathleen "Kit" Faragher. Kit Faragher lost her life in the tragic events of September 11, 2001. The Kit Faragher Foundation, organized in April 2003, has continued the scholarship for the past five years.

This scholarship supports Colorado students who have earned a high school GPA of 2.5, are in need of financial assistance for college, university, or technical school, and who capture Kit's essence by demonstrating a positive attitude, strong commitment, and a drive towards accomplishment. Scholarship money may be used for tuition, books, lab fees, or other costs directly related to the degree program. The scholarship recipient will receive an award of \$2,500 for two years, for a total of \$5,000. The scholarship payments will be made directly to the school on the student's behalf at the start of each semester/quarter for the first two years. In order to maintain the scholarship, the recipient must maintain a minimum 2.5 GPA throughout the first two years of the educational program.

## Scholarship Applicant Guidelines:

- Applicants must be Colorado students.
- Applicants must have a minimum high school GPA of 2.5.
- Applicants must demonstrate financial need for assistance.
- Applicants should demonstrate a positive attitude, strong commitment, and a drive towards accomplishment.
- Applicants must submit completed application, official high school transcripts, appropriate tax returns, and a written essay, which captures their sense of personality and achievements, while describing their short and long-term goals.
- Applications, essays, official high school transcripts, and tax returns must be received by Friday, May 23, 2008 at 4:00 p.m. at the following address:

The Kit Faragher Foundation  
1525 Josephine Street  
Denver, Colorado 80206

## Scholarship Recipient Requirements:

In order to maintain the scholarship, the recipient must:

- Maintain a 2.5 GPA during first two years of educational program.
- Submit a personal written assessment of accomplishments.
- Submit official transcripts and personal written assessment of accomplishments to the Kit Faragher Foundation at the end of each semester/quarter for his/her first two years.
- Permit the Kit Faragher Foundation and its representatives to release, print or use his/her name, photo, and biographical information (excluding address and phone numbers) to the press, and in any printed or electronic Kit Faragher Foundation publications and materials.
- Permit the Kit Faragher Foundation and its representatives to access his/her college, university and/or technical school transcript and financial aid information for purposes of this scholarship.

Recipients may be allowed to delay the scholarship in matters of extreme hardship such as family emergencies and personal illness, subject to prior written request made and approved by the Kit Faragher Foundation.

The selection process may include a personal interview(s) and all applicants will be notified in writing by July 25, 2008.

# The Kit Faragher Memorial Scholarship Application for 2008-2009 School Year



Completed applications, essays, official high school transcripts, and tax returns must be received by Friday, May 23, 2008 at 4:00 p.m. at the following address:

The Kit Faragher Foundation  
1525 Josephine Street  
Denver, Colorado 80206.

Late applications or applications without the requested information will not be considered.

## **SECTION I – Background Information**

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Current High School: \_\_\_\_\_

City: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

What is your cumulative GPA from the school you most recently attended? \_\_\_\_\_

**Please include an official copy of your high school transcript with this application**

Are you a Colorado resident? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has at least one parent attended college? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### **Ethnic Background**

This is optional information and not required. If responding, please check only one:

\_\_\_\_ African American \_\_\_\_ Asian or Pacific Islander \_\_\_\_ Hispanic \_\_\_\_ White

\_\_\_\_ Other \_\_\_\_ American Indian or Alaskan Native: Tribe \_\_\_\_\_

### **Citizenship**

\_\_\_\_ U.S. National (includes U.S. citizens; permanent residents possessing alien registration receipt card I-151 or 551; those with temporary residence card I-688; and refugees)

\_\_\_\_ Nonresident alien. Country of Citizenship \_\_\_\_\_

INS Visa Type/Number \_\_\_\_\_

**SECTION II – Educational Plans**

Name of university, college or technical school you plan to attend:

_____	_____
School	Contact Person
_____	_____
Street Address	Title of Contact Person
_____	_____
City, State and Zip Code	Phone Number (with area code)

What term do you plan to begin classes? Year \_\_\_\_\_ Fall or Spring \_\_\_\_\_

**Educational Costs Per Year:**

Tuition	\$ _____
Books	\$ _____
Room and Board	\$ _____
Fees (explain):	\$ _____
<u>Other (explain):</u>	<u>\$ _____</u>
Total Estimated Costs	\$ _____

Have you received official notification of acceptance? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your intended major at this school? \_\_\_\_\_

How long is the program of study? 1 year \_\_\_\_\_ 2 year \_\_\_\_\_ 3 year \_\_\_\_\_ 4+year \_\_\_\_\_

Where else have you applied? \_\_\_\_\_

**Financial Aid:**

If you have been accepted by a college or university, have you been notified that you will receive any financial aid from the institution which will be applied toward your college expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

<u>Source (Loans, work study, etc)</u>	<u>Amount Per School Year</u>	<u>Duration(yrs)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Scholarships:**

If you have applied for other scholarships, please provide source, amount applied for, award amount (if any), and duration.

<u>Source</u>	<u>Amount</u>	<u>Award Amount</u>	<u>Duration(yrs)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Contributions:**

What are the anticipated contributions for your college/educational expenses:

<u>Source (Parents, Self, Others)</u>	<u>Amount per School Year</u>	<u>Duration(yrs)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SECTION III – Awards and Activities**

List any extracurricular activities, honors or awards. (If not applicable, mark with N/A)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION IV – Essay**

Submit an essay/biographical statement of 500-700 words with this application. The essay should capture a sense of the style of person you are, and also address your short and long term educational and personal goals. You may want to address the question, “Why are you a deserving candidate for this scholarship?” (Please include essay on additional paper).

**SECTION V – Household Information**

**Student’s Father, Stepfather or Guardian** (Circle appropriate title):

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Student's Mother, Stepmother or Guardian (Circle appropriate title):**

Name: \_\_\_\_\_  
Last First M.I.

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

What is your parents' current marital status?

Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

With whom is the student living? (Both parents, single parent, parent and step-parent, legal guardian, etc.) Please indicate name and relationship to student.

\_\_\_\_\_

Number of family members currently living in your household: \_\_\_\_\_

List names, ages and relationships of brothers (B), sisters (S), step-brothers (SB), and step-sisters (SS) currently living with you in your home. If there is an adult child living at home but who works outside of the home, please put a "WO" by their name.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION VI – Financial Information**

**PLEASE NOTE – The Kit Faragher Foundation ensures the confidentiality of all scholarship information collected, used or maintained. The Kit Faragher Foundation and the Scholarship Selection Committee are the only persons with access to the financial information submitted.**

FOR PURPOSES OF CONFIDENTIALITY, SEPARATED OR DIVORCED PARENTS MAY SUBMIT INFORMATION ON SEPARATE FORMS.

On whose tax return was the student claimed as an exemption in the last year taxes were filed? Joint \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_  
Legal Guardian \_\_\_\_\_ Student \_\_\_\_\_

**Income, Earnings and Benefits**

The following information is to be filled out by the father, mother, student and/or legal guardian responsible for the financial needs of the student. Information should come from Internal Revenue Service Form 1040: line numbers are referenced for the 1040 and 1040A returns. **Please include a copy of the most recent Federal 1040/1040A tax returns for both parents and/or legal guardian, and student.** If a 1040/1040A form is not available or applicable, please state reason for omission. We understand that a 1040/1040A may not reflect the current status of the household's income, but request that it be included.

	Custodial Parent (s)	Non-custodial Parent	Student
Name(s) _____			
of Parent(s)/ _____			
Step-parent/ _____			
Guardian on Tax Return _____			

**INCOME:**

Last year's annual total income	\$ _____	\$ _____	\$ _____
(1040 line 22, 1040A line 15)			

Adjusted Gross Income	\$ _____	\$ _____	\$ _____
(1040 line 37, 1040A line 21)			

**EXPENSES:**

Itemized or standard deduction taken	\$ _____	\$ _____	\$ _____
(1040 line 40, 1040A line 24)			

U.S. Income Tax Paid	\$ _____	\$ _____	\$ _____
(1040 line 63, 1040A line 37)			

Describe any unusual financial circumstances or need, which might have a bearing on this application: \_\_\_\_\_

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**SECTION VII – Assets and Indebtedness:**

	Custodial Parent(s)	Non-custodial Parent	Student
Name(s) of Parent(s), _____			
Step-parent, and Guardian Info _____			
Relevant to: _____			

**ASSETS (Please indicate amount in present value):**

Bank accounts			
(Savings & checking) \$ _____	\$ _____	\$ _____	\$ _____
Home \$ _____	\$ _____	\$ _____	\$ _____
Year purchased _____			
Real Estate (Business, farm, rental, investment) \$ _____	\$ _____	\$ _____	\$ _____
Farm equipment and machinery \$ _____	\$ _____	\$ _____	\$ _____
Investments (Stocks, bonds, etc.) \$ _____	\$ _____	\$ _____	\$ _____
Personal Property (Autos, boats, etc.) \$ _____	\$ _____	\$ _____	\$ _____
Trust funds & assets held for education \$ _____	\$ _____	\$ _____	\$ _____
<b>Total Assets:</b> \$ _____	\$ _____	\$ _____	\$ _____

**INDEBTEDNESS (Please indicate amount currently owed):**

Home \$ _____	\$ _____	\$ _____	\$ _____
Real Estate (Business, farm, rental, investment) \$ _____	\$ _____	\$ _____	\$ _____
Farm equipment and machinery \$ _____	\$ _____	\$ _____	\$ _____
Personal Property (Autos, boats, etc.) \$ _____	\$ _____	\$ _____	\$ _____
<b>Total Indebtedness \$</b> _____	\$ _____	\$ _____	\$ _____

<b>NET WORTH</b> \$ _____	\$ _____	\$ _____	\$ _____
<b>(Assets less Indebtedness)</b>			

**SECTION VIII – Supplemental Financial Information on Parents**

If your parents are divorced, separated or remarried, please provide the following information:

Year of separation \_\_\_\_\_ or divorce \_\_\_\_\_

Natural parent who resides outside of student's immediate household:

Name \_\_\_\_\_

Address \_\_\_\_\_

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Yearly Salary: \_\_\_\_\_

Is there an agreement specifying a contribution for the student's education by either natural parent if divorced? \_\_\_\_\_ From whom? \_\_\_\_\_

In what amount per year? \_\_\_\_\_

Amount currently being received by custodial parent for weekly child support \$ \_\_\_\_\_

Are you eligible to receive Federal assistance under the Veteran's Administration? \_\_\_\_\_

Disabled Veterans \_\_\_\_\_ Vocational Rehabilitation \_\_\_\_\_ Social Security \_\_\_\_\_

**SECTION IX – Supplemental Personal/Financial Information for Student Applying**

What jobs have you held? Describe responsibilities, hours/week, dates of employment, and pay. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain what expenses, personal or otherwise, you have assumed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your plans for this summer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you (applicant) have any dependents? \_\_\_\_\_

If yes, please list number of dependents \_\_\_\_\_ and ages \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

With whom are the dependents living? \_\_\_\_\_

Are you the direct beneficiary of any other income not described on this form such as an annuity, veteran's benefits, welfare or social security? \_\_\_\_\_  
If yes, please explain and state source(s), amount received from each, and how frequently you receive payment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION X – Signatures, Affirmations, and Agreement:**

The above information is derived from my most recent income tax return, and the figures presented are accurate to the best of my knowledge. I consent to the release of my financial information, including tax returns, to the Kit Faragher Foundation and its Scholarship Selection Committee. **Signatures of student and parents or legal guardian are required for this application to be valid.**

\_\_\_\_\_  
\* Parent's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
\* Parent's Signature

\_\_\_\_\_  
Legal Guardian's Signature

I attest to the truth and accuracy of all information submitted in this application and in regards to this application. I consent to the release of this application, as well as, my transcripts and tax returns, to the Scholarship Selection Committee for the Kit Faragher Foundation.

If chosen as the recipient of this scholarship, I authorize the Kit Faragher Foundation and its representatives to release, print or use my name, photograph, and biographical information (excluding address and phone numbers) to the press and in any printed or electronic Kit Faragher Foundation publications and materials. Additionally, I give the Kit Faragher Foundation and its representatives permission to access my college, university and/or technical school transcript and financial aid information for the purposes of this scholarship.

I have read and agree to the scholarship qualifications and provisions as set forth in the Scholarship Applicant Guidelines and Scholarship Recipient Requirements.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\* Parent's/Legal Guardian's Signature

\_\_\_\_\_  
Date

\* Signature of parent/guardian is required to release tax return AND if applicant is under the age of 18 years.