

# DOUGLAS R. CARLISLE MEMORIAL SCHOLARSHIP

Academic Year 2008-2009

Carol Young (502)479-9180, ext 11  
cyoung@kyrm.org

## Student Information and Instructions

### Douglas R. Carlisle Memorial Scholarship Mission:

The Douglas R. Carlisle Memorial Scholarship, established by his family and friends, honors Doug's desire to assist refugee/immigrant youth who, while facing enormous challenges, remain motivated to pursue their dreams of education and service to the larger community.

### Douglas R. Carlisle Memorial Scholarship Award:

The Douglas R. Carlisle Memorial Scholarship award consists of a single \$500 cash prize. In addition, the scholarship recipient will be matched with a mentor who will be available to help the student transition to college life.

### Selection Process:

To be eligible, **applicants** must be clients or former clients of Kentucky Refugee Ministries, and must be currently attending or planning to attend a two- or four-year college or university. Both full-time and part-time students will be considered.

In addition, **applicants** should embody the qualities described in the scholarship mission statement. Specifically, **the** scholarship will be awarded to **a student** who demonstrates the following characteristics:

- Positive overall academic performance
- Ability to overcome challenges to excel in activities and pursue goals
- Commitment to volunteer service, civic engagement, or other community support

### Application Process:

Applicants for the scholarship must complete the Douglas R. Carlisle Memorial Scholarship Application Form, a letter of recommendation or the Teacher Evaluation Form, and a personal essay. All documents should be mailed together to the address below, and should be postmarked by July 15, 2008. Late applications will be considered as long as funds are available. Decisions will be made on or before July 31, 2008.

Complete and mail the application with required documentation to:

Kentucky Refugee Ministries  
c/o Carol Young  
969 B Cherokee Road  
Louisville, KY 40204  
(502)479-9180, ext 11

Complete and return the attached form(s), postmarked by July 15, 2008.

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## SCHOLARSHIP APPLICATION

Please fill out the following information. Use extra paper as needed.

### PERSONAL DATA

Name: Last  First  MI

Mailing Address:

Home Phone:

Cell Phone:

Email address:

Permanent Address if different from Mailing Address:

Date of birth:

### ACADEMIC INFORMATION

High School Attended:

High School GPA:

Institution you plan to attend in the upcoming year:

Circle One: Undergraduate  Graduate

Enrollment Status: Full-time  Part-time

Address of Registrar's/ Financial Aid Office:

Registrar's Telephone Number:

Area of Study:  Undecided

Current College GPA, if applicable:

Expected Year of Graduation:

### SCHOLARSHIPS

Have you received any other scholarships? If yes, please name.

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## I. ACHIEVEMENTS (Please use additional paper if more space is needed)

### ACADEMIC INVOLVEMENT

List Academic Honors/Awards or Extracurricular Accomplishments:

### ATHLETIC INVOLVEMENT

List Athletic Participation/Honors/Awards:

### VOLUNTEER/COMMUNITY INVOLVEMENT

Please describe any efforts or accomplishments that demonstrate your commitment to volunteer or community service

### EMPLOYMENT

List paid and/or volunteer experiences:

(Include Employer, Job Title, Location, Dates)

## II. ESSAY

Please write an essay which demonstrates your personal dreams and goals for education and community **service**. (Essay should be typed, double-spaced, and no longer than two pages.)

## III. RECOMMENDATIONS

Please submit **one** of the following with your application:

- 1) Letter of recommendation (to be completed by a teacher or personal reference)
- 2) Teacher Evaluation Form

## IV. DECLARATION (Must be signed for application to be considered)

I declare that the information provided above and attached is both accurate and truthful, and I will refund my scholarship monies if it is not.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Deadline (post-mark) for this application is July 15th, 2008*

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## TEACHER EVALUATION FORM

Name of Teacher/Supervisor completing this evaluation:

Applicant Name:

1. When did you first meet this applicant?

2. What is your relationship to this applicant?

3. Would you expect the student's overall college/trade school GPA to be: (circle one)

3.5 or better

3.0 – 3.5

Below 3.0

4. Please rate the student on the following indicators (1= lowest; 10=highest): circle one

Uses Humor	1	2	3	4	5	6	7	8	9	10
Helps Others	1	2	3	4	5	6	7	8	9	10
Self-Motivation	1	2	3	4	5	6	7	8	9	10
Potential	1	2	3	4	5	6	7	8	9	10
Works to Ability	1	2	3	4	5	6	7	8	9	10
Maturity Level	1	2	3	4	5	6	7	8	9	10
Performance Consistency	1	2	3	4	5	6	7	8	9	10
Character	1	2	3	4	5	6	7	8	9	10

5. What words come to mind when you think of this student? Please write freely.

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6. Overall, would you rate this student in the top: \_\_ 5% \_\_ 10% \_\_ 15% \_\_ 20% \_\_ 50%

*Deadline (post-mark) for this application is July 15th, 2008*