

KML Foundation, Inc.

Application for Funding

(Please Print)

Name of Applicant: Telephone:
Address: Cell Phone:
City, State, Zip: Date of Birth:
E-mail: SSN:

Marital Status: Current Level of Education:

List any degrees already received:

Vocational Certificate of Completion:

Are you a United States citizen? Yes No If no, please explain.

Have you ever applied for funding with us before? Yes No

Are you applying for funding to further education for your current employment? Yes No

Are you applying for funding to begin training for a career or job? Yes No

Are you applying for funding to further education for a career change? Yes No

Have you applied to a specific educational institution? Yes No

If Yes, please name the school and where it is located: Have you been accepted? Yes No

If yes, please attach a copy of the acceptance letter, or equivalent thereof.

Is the school you applied to accredited? Yes No

If yes, by what association?

When will you be starting? When do you expect to finish?

Will you be attending: Full-Time Part-Time

What is your intended major?

If you have not applied to a specific educational institution, what career or training would you like to pursue?

Are you willing to participate in an independent evaluation and /or aptitude testing program to determine your eligibility for financial aid from the Foundation? Yes No

Does your decision to pursue further education depend on the funding you may receive? Yes No

Have you ever applied for any other Financial Aid? Yes No

If yes, have you received any: Loans? Yes No \$ amount: _____
Scholarships? Yes No \$ amount: _____
Grants? Yes No \$ amount: _____

Please list all existing Student Loans and their interest rate:

Will you be receiving any other type of financial aid or support? Yes No
For example, parents, other relatives, guardians, friends? If yes, please explain:

Are you related to anyone affiliated with the KML Foundation, Inc.? Yes No
If yes, please explain the relationship:

If employed, please list where you work, the name of your supervisor, telephone number, your position, and how long you have worked there.

If not currently employed, please list any jobs you have had within the last two years, highest position held and reason for leaving.

Have you ever been convicted of a crime? Yes No

If yes, please explain on a separate sheet of paper.

Please list any extra curricular activities, clubs, or community organizations, etc.

In your own words, please tell us about yourself, your family, and why you want or need further education and financial aid.

List four character references not related to you - teachers, club/team leaders, employers or religious leaders.

Name:

Relationship:

Address:

City, State, Zip:

Telephone:

Name:

Relationship:

Address:

City, State, Zip:

Telephone:

Name:

Relationship:

Address:

City, State, Zip:

Telephone:

Name:

Relationship:

Address:

City, State, Zip:

Telephone:

I certify that I have not knowingly withheld any facts or circumstances in completing this application and it is further agreed that any misrepresentation by me in this application will be sufficient cause for rejection of this application. I authorize KML Foundation, Inc. to conduct an investigation of the contents of this application and will not hold anyone liable who supplies information.

Student's Signature

Parent/Guardian Signature
(if under 18 years of age)

Please provide proof of residency with application (i.e. - Driver's License, ID card)

Return the fully completed application to:

KML Foundation, Inc.
PO Box 23943
Tampa, FL 33623

OFFICE USE ONLY!

Date Received _____

Type _____

Decision _____

Amount _____

Date of Decision _____

Date to be reviewed _____