The Kevin Crowe Memorial Fund, Inc.
17 Appaloosa Circle
Hopkinton, MA 01748
(857) 205-7351
kcrowe122@gmail.com
dpcrowe17@verizon.net

KEVIN CROWE MEMORIAL FUND SCHOLARSHIPS

History and Purpose

The Kevin Crowe Memorial Fund (“KCMF”) Scholarships were established in 2006 by the friends and family of Kevin Crowe. The purpose of the KCMF Scholarships is two-fold. First, the friends and family of Kevin Crowe wanted to honor and carry on the memory of Kevin Crowe who was taken from us far too soon. Second, the friends and family of Kevin Crowe believe one of our highest priorities is to expand and improve opportunities for the education of young people planning on attending the Stockbridge School in Amherst, Massachusetts, especially those who have hardships. Similar to last year, in 2019 KCMF will award scholarships for two-year and/or four-year students of the Stockbridge School. The scholarship award is an annual minimum of $2,000 for each student pursuing a two-year and/or four-year degree at the Stockbridge School.

Criteria

The recipients are to be selected according to the following criteria:

1. Each recipient must be a legal resident of the United States of America and must be accepted to the Stockbridge School. Applicants must be planning to enter their first year at the Stockbridge School in the Fall of 2019. Scholarship recipients returning for their second, third and fourth year must maintain a grade point average of 2.5 or better and must be in good standing with the Stockbridge School in order to receive the scholarship awards.

2. Recipients will be chosen by the KCMF Board of Directors and will be chosen from applications submitted by eligible students based on the following criteria:
   a. Academic performance/academic potential
   b. Hardship
   c. Financial need

3. Application forms and all supporting materials need to be postmarked by July 10, 2019.

No one criterion is more important than another. The Board carefully weighs all aspects of a student’s application.
APPLICATION INSTRUCTIONS

PLEASE KEEP THIS COVER SHEET and use it as a checklist to be sure you send all required materials.

Application packets must include the following:

† Completed application form.

† A personal essay that tells us something about a hardship you have overcome in your life. The essay should be limited to two pages.

† A copy of your financial aid award letter – This is the letter you receive from the financial aid office.

† Copies of high school transcripts

† Confirmation of acceptance by the Stockbridge School.

Applications need to be emailed to dpcrowe17@verizon.net or postmarked by July 10, 2019. Mail to:

Kevin Crowe Memorial Fund, Inc.
17 Appaloosa Circle
Hopkinton, MA 01748

If you have any questions, please call us at (857) 205-7351 or e-mail kcrowe122@gmail.com

ALL INFORMATION PROVIDED TO THE KEVIN CROWE MEMORIAL FUND, INC. WILL BE KEPT CONFIDENTIAL
KEVIN CROWE MEMORIAL FUND SCHOLARSHIP APPLICATION FORM

Name: ____________________________

Last  First  Middle  Prefer to be called

Date of Birth: _________________  Place of Birth: _________________

Home address: __________________________________________

City: _________________  Zip: __________

Home Phone: _____________  E-mail: _________________

HIGH SCHOOL: __________________________

PARENT/GUARDIAN INFORMATION

<table>
<thead>
<tr>
<th>Name:</th>
<th>Occupation/Title:</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Employer:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Highest education COMPLETED:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>... Less than high school</td>
<td>... Less than high school</td>
</tr>
<tr>
<td>... High school diploma or GED</td>
<td>... High school diploma or GED</td>
</tr>
<tr>
<td>... Associates degree/Some college</td>
<td>... Associates degree/Some college</td>
</tr>
<tr>
<td>... Bachelors degree</td>
<td>... Bachelors degree</td>
</tr>
<tr>
<td>... Graduate degree, Masters, PhD</td>
<td>... Graduate degree, Masters, PhD</td>
</tr>
<tr>
<td>... Unknown</td>
<td>... Unknown</td>
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</tbody>
</table>

Who do you live with?  ___ Both parents  ___ One parent  ___ Other: __________________________

Major area(s) of study: __________  2-Year Program or 4 Year Program __________________________

Will you live:  ___ on campus  ___ off-campus apartment  ___ at home

List your **School Activities** (in order of interest to you):

<table>
<thead>
<tr>
<th>Description</th>
<th>Years of participation</th>
<th>List any leadership positions or awards:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>† Fresh.  † Soph.  † Jr.  † Sr.</td>
</tr>
<tr>
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<td>† Fresh.  † Soph.  † Jr.  † Sr.</td>
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<tr>
<td></td>
<td></td>
<td>† Fresh.  † Soph.  † Jr.  † Sr.</td>
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</table>
Employment History:

<table>
<thead>
<tr>
<th>Job description</th>
<th>Dates of employment</th>
<th>Total # of hours worked in a typical week</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>School year:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summers:</td>
</tr>
</tbody>
</table>

Financial Information

Please fill out this section entirely and send in copies of your financial aid award notice.

1. Household Income. We do not need a copy of the tax return. ____________________________

2. Number of household members who will be in college in 2019. ____________.

3. Expected Family Contribution (EFC) from your Student Aid Report. ________________.

Academic Information

Please fill out this section entirely and send in a copy of your most recent high school transcript.

1. Class Rank- Number in class _______ Your standing______. Please check here if your school does not rank

2. GPA___________. Please check here if your school does not calculate GPAs

3. Please list any advanced placement or honors courses you have taken if applicable

_________________________   ________________________
_________________________   ________________________
KEVIN CROWE MEMORIAL FUND SCHOLARSHIP APPLICATION FORM

All information in each portion of this application is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this form. I agree to be bound by all the terms and conditions of the Kevin Crowe Memorial Fund Scholarship Program should I be selected as a recipient.

Signature of applicant: ____________________________________________

Name of applicant (printed): ________________________________________

Date: ______________________