



## Keller Athletic Boosters Scholarship

### Introduction

Each year Keller Athletic Boosters (KAB) provides scholarships to KHS seniors who participate in UIL athletics. The number and amount of each scholarship is decided by the KAB Board at the end of the year based on availability of funds. The scholarships are intended to be used to pay for tuition, room and board.

### Eligibility

- Applicant's parent/guardian must be members of the Keller Athletic Boosters Club during the applicant's senior year by the last day of February of the athlete's senior year.
- Applicant must have attended Keller High School for his/her entire senior year.
- Applicant must have participated in a UIL athletic program as an athlete or athletic trainer/manager during his/her senior year.
- If selected, applicant must provide proof of enrollment at an accredited college, university or technical school in the fall semester following graduation.
- Applicant must not have received a scholarship paying all room/board and tuition.

### Application Requirements

- Complete KAB Scholarship application including additional information (attached).
- Copy of applicant's high school transcript (current through the end of the senior year Fall semester or later).
- Copy of ACT and/or SAT score results.
- Letter of Recommendation from a coach who coached applicant in senior year.
- Essay written by applicant of 500 words or less and double spaced 12pt font: **How Athletic Participation Has Impacted Me In High School**
- All application requirements must be mailed to the Scholarship Committee and postmarked no later than April 15th of the graduation year. No hand deliveries will be accepted. Incomplete or late applications will not be considered.

#### **Mail complete application requirements to:**

KAB Scholarship Committee  
P.O. Box 273  
Keller, Texas 76244

### Guidelines for Payment

- Scholarship recipients will be contacted via email by a representative of KAB upon selection and given instructions for payment of scholarship.
- Scholarships will be placed under the control of the Office of Financial Aid at the institution chosen by the recipient by the Fall semester. Any funds not distributed, due to the recipient's failure to meet attendance, enrollment, or eligibility requirements, shall be refunded to KAB.
- All information provided to the Scholarship Committee shall be considered private and confidential and for use only by KAB as needed for selection purposes. All decisions by the Scholarship Committee are final.

Please direct questions about the Scholarship Application to: [kboostertx@gmail.com](mailto:kboostertx@gmail.com)

For office use only  
Applicant #



**Keller Athletic Boosters Scholarship**  
**Application Form**

Name: \_\_\_\_\_  
Last First Middle Initial

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent(s)/Guardian(s)

Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of the KAB Parent/Guardian Member:

\_\_\_\_\_  
First Last

By signing below, I certify the information provided on this application is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant Date

I acknowledge that being a KAB member by the last day of February of the applicant's senior year is a requirement for receiving a scholarship.

\_\_\_\_\_  
Parent/Guardian Signature Date

\*I have verified my current KAB membership. Yes No



**Keller Athletic Boosters Scholarship**  
**Additional Information**

Have you received a scholarship(s) that pays for all tuition, room/board? \_\_\_\_\_

List the high school sports/training role you have participated in and the number of years you participated in each: \_\_\_\_\_  
\_\_\_\_\_

Where do you plan to attend college? \_\_\_\_\_

What is your expected major? \_\_\_\_\_

Rank in Class: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

List academic and/or athletic honors you have received in and/or out of Keller High School:  
\_\_\_\_\_  
\_\_\_\_\_

List school involvement, leadership roles and extracurricular activities in and/or out of KHS:  
\_\_\_\_\_  
\_\_\_\_\_

List volunteer work or community service participation: \_\_\_\_\_  
\_\_\_\_\_

List jobs you have held and work performed:

| Employer | Type of Work | Start/End Date |
|----------|--------------|----------------|
| _____    | _____        | _____          |
| _____    | _____        | _____          |

What will be your source(s) of funds for your education other than this scholarship? IE: Parents/Guardians, other Scholarships, Savings Accounts, Trust Funds, College Work, etc:  
\_\_\_\_\_  
\_\_\_\_\_

- If more space is needed, please attach additional page(s) with applicant's name at the top.
- Attach essay, clearly marked with applicant's name, to this application.