



**KOOL BOIZ FOUNDATION  
SCHOLARSHIP APPLICATION**

**Scholarship Guidelines and Award Information**

The Kool Boiz Foundation College Scholarships are awarded to African-American males who plan to attend an accredited 2 or 4 year college or university. To apply, applicants must meet the following criteria:

- Applicants must be a resident of Youngstown, Ohio
- Applicants must be a graduating high school senior
- Applicants must have a minimum 3.0 GPA

Applicants are required to complete all parts of the following application and submit an essay. The Kool Boiz Foundation College Scholarship is a \$1,000 4-year renewable scholarship (total award is \$4,000). Upon acceptance of the Kool Boiz Foundation Scholarship, award recipients must submit a copy of the college or university acceptance letter. Award recipients must maintain a 2.0 GPA on a 4.0 scale and be enrolled as a full-time student at an accredited 2 or 4 year college or university. Scholarship funds are paid directly to the college or university on the student's behalf and are paid in two installments. The first payment shall be made at the beginning of the Fall semester and the second at the beginning of the Spring semester. Installments may be adjusted based on the college or university's enrollment schedule.

Completed applications, including essay and current high school transcript must be submitted by March 31, 2019 to the address below. Scholarship finalists will be invited to attend a required interview on April 20, 2019.

Kool Boiz Foundation  
C/O Scholarship Committee  
PO Box 766  
Middletown, DE 19709-0766



**Part 1 Personal Information**

Full Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

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

Parent(s) / Guardian(s): \_\_\_\_\_

Parent / Guardian Address (if different from above): \_\_\_\_\_

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

Parent / Guardian Phone: \_\_\_\_\_

**Part 2 High School Information**

Cumulative Grade Point Average (GPA): \_\_\_\_\_ (On a 4.0 scale)

ACT / SAT Composite Score: \_\_\_\_\_

Name of High School: \_\_\_\_\_

**Attach a current high school transcript**

**Part 3 College Information**

What college will you attend: \_\_\_\_\_

If undecided, list your top 3 college choices:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



**Part 4 Essay**

Attach a typed, double-spaced 300 to 500 word essay on the following subject:

How will attending college benefit me, my family, and my community?

**Part 5 Activity Sheet**

List all school and community activities in which you have participated during your high school years.

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**Statement of Accuracy for Students**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation’s scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Kool Boiz Foundation Scholarship policy, I must be present at any potential awards ceremony or reception to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Kool Boiz Foundation Scholarship policy, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution.

I hereby understand that incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

I understand that if I am a finalist for the scholarship, I am required to attend an in-person interview on Saturday, April 20, 2019.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Statement of Support by Guidance Counselor**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Kool Boiz Foundation.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

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

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Checklist**

- \_\_\_ Application
- \_\_\_ High School Transcript
- \_\_\_ Essay
- \_\_\_ Activity Sheet
- \_\_\_ Guidance Counselor signature