



Keith and Warren Dudley Foundation (KWDF)

Scholarship Fund Program Application 2024

DEADLINE for Scholarship Applications is **April 30, 2024, 5:00 p.m.** (No exceptions).

Please select an applicant type:

- HS Graduate
 College/University
 Returning Recipient

Date of Application: _____

Please **type** or **print** your answers. If application is illegible it will be returned to you.

1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: () _____	
4.	Date of Birth: Month _____ Day _____ Year _____	
5.	Are you related to the Keith/Warren Dudley family? (Please circle) Yes No	
6.	Graduating High School or Current College/University: _____	Number of years attended: _____
7.	I will be attending the following school in the Fall of 2024 : _____ Proof of acceptance or current student enrollment from the above school is required prior to funds being released to the college or university.	
8.	I will be entering the above-mentioned school as a: (Circle one) Freshman Sophomore Junior Senior	
9.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.	
10.	Have you taken the _____ (Graduating High School applicants only) ACT exam? Yes No If no, when do you plan to take the exam: _____ SAT exam? Yes No If no, when do you plan to take the exam: _____	
11.	Name & address of parent(s) or legal guardian(s): Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____	

	Home phone of parents or legal guardians:	
12.	Are you a Civil Engineering major or plan to pursue a Civil Engineering degree?	
	Yes	No
13.	If not Civil Engineering, what engineering or STEM related field do you plan to pursue?	
14.	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable)	
	A.	Tuition: Amount: \$
	B.	Books: Amount: \$
	C.	Room & Board: Amount: \$
	D.	Other expenses: Amount: \$ Describe below under comments
Comments:		
15.	List other financial assistance you will receive per semester or quarter: (Other financial assistance will not affect your scholarship eligibility.)	
	A.	Personal: Amount: \$
	B.	Other Scholarship(s): Amount: \$ List below under comments
	C.	Grants: Amount: \$ List below under comments
	C.	Student Loan(s): Amount: \$ List below under comments
	D.	Other Financial Resources: Amount: \$ List below under comments
Comments:		

Use an additional sheet if you need more room to list financial information requested in items 14 & 15.

16.	List your academic honors, awards and membership activities while in high school or College/University.
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17.	What are your educational and professional goals and objectives?
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20. A. The following items must be attached to this application for the application to qualify and be reviewed by the KWDF Board.
 B. Your application will not be considered if these items are not attached to this application. (No exceptions.)
 C. Circle "YES" or "NO" to be sure you have attached each item as required.

YES	NO	Completed application. All questions are answered completely.
YES	NO	Letter to Scholarship Committee. Not exceeding one (1) page. Must be typed.
YES	NO	Two (2) Letters of Recommendation.
YES	NO	Proof of college acceptance or current student enrollment. A <u>copy</u> of your college acceptance letter or current enrollment confirmation is required for receipt of funds.
YES	NO	Most recent <u>official</u> high school transcripts. Photocopies of your transcript are <u>acceptable</u> .
YES	NO	Personal Essay. Must be at least 1-2 pages, typed, double-spaced, and 12 pt / Time New Roman font. Please ensure your essay contains no grammatical errors.

STATEMENT OF ACCURACY

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 my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

I hereby understand that if chosen as a scholarship recipient, according to Keith and Warren Dudley Foundation Scholarship policy, I must provide evidence of enrollment/registration at the accredited higher educational institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

(Not required for applicants 18 and older)

Signature of applicant's guardian/ parent: _____ Date: _____

**Please email all completed application packages to
 kwdfoundationboard@gmail.com**