

#### **RULES AND REGULATIONS**

## **ELIGIBILITY:**

- 1. Applicant must be the legal dependent child of a full time Kent Companies employee and be under the age of 26.
- 2. Applicant must be enrolled full time in a college, university or technical/trade school.
- 3. High school or college grade transcripts must be submitted with all applications.
- 4. Applicants who have applied and/or been selected for an award previously must complete the entire application process to be considered.

## **REQUIREMENTS:**

Applicant is responsible for ensuring that all items listed below are submitted to the scholarship committee no later than the date specified:

- 1. Application form
- 2. Official transcript
- 3. One letter of recommendation
- 4. Supporting questions answered, and attached on a separate page

### AWARDS:

- 1. The Kent Companies Scholarship Committee will review applications and select award recipients. The committee will evaluate the applicant's interests, grades, extra-curricular activities, employment experience and need.
- 2. Applications will be accepted from February 1 through March 31 each year. Evaluations will take place from April 1<sup>st</sup>-30<sup>th</sup>, and written notification of the Committee's decision will be sent to all applicants once complete. Under special circumstances, the Kent Companies Scholarship Committee may elect to award a scholarship during a different time of the year.
- 3. Scholarship awards will be sent directly to the institution at the beginning of the school year or semester for which the scholarship was awarded.

Kent Companies Inc. is an Equal Opportunity Employer and encourages applications from all individuals who meet the requirements.



## **SCHOLARSHIP APPLICATION**

I AGREE THAT THIS APPLICATION, AND ALL ATTACHMENTS, MAY BE USED FOR THE PURPOSE OF EVALUATION AND SELECTION BY THE SCHOLARSHIP COMMITTEE OF KENT COMPANIES, INC., AND/OR ITS REPRESENTATIVES. I SUBMIT THAT ALL INFORMATION ON THIS APPLICATION IS TRUTHFUL AND ACCURATE.

APPLICANT:
Signature:
Print Name:
Email:
Date:



# SCHOLARSHIP APPLICATION

Please complete all sections of this application. Insert NA if the question does not apply.

Last Name	First Nam	First Name		Middle		
Home Address						
School Address						
Home Telephone Preferred	Contact Number	School	Telephone	Preferred Conta	act Number	
Kent Companies Parent or Guardian Name						
Parent or Guardian Home Address						
Scholastic Information						
School			Dates Attended	Graduated	(Y/N)	
				Yes	No	
School			Dates Attended	Graduated	(Y/N)	
				Yes	No	
School			Dates Attended	Graduated	(Y/N)	
				Yes	No	
School		Dates Attended	Graduated (Y/N)			
				Yes	No	
School			Dates Attended	Graduated	(Y/N)	
				Yes	No	

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List the name of the college, university or technical/trade school you have been accepted to and plan to attend.

City, State:				
Program or Degree:				
Supporting Documentation (required)				
<b>Letter of Recommendation:</b> Please include with your application one letter of recommendation-this can be from a personal, academic or former/present employer source. Please make sure there is an address and telephone number with the letter of recommendation.				
Provide answers to the following questions (attach answers on a separate page)				
<ul> <li>Detail the extracurricular activities, student, community, athletics, elected offices, etc., you have participated in while attending high school and/or college. What has your participation in these activities meant to you as an individual?</li> </ul>				
<ul> <li>Explain why you feel you should be considered for this scholarship. Why is advanced training/education important to you?</li> </ul>				
What are your academic, personal, and career goals for the next ten years?				

Institution:

Continued on following page



## **EMPLOYMENT HISTORY**

List below your last 4 places of employment (if applicable) with a brief explanation of your duties and responsibilities. List the most recent first.

Business Name	Type of Business	Dates Employed	
Duties	Hours Per Week		
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Business Name	Type of Business	Dates Employed	
Duties	Hours Per Week		
Business Name	Type of Business	Dates Employed	
Duties	Hours Per Week		
Business Name	Type of Business	Dates Employed	
Duties	Hours Per Week		

Submit electronically with your attachments by clicking the submit button, print and hand in to your HR representative, or print and mail your application to Kent Companies, Attn: Mindy Curtiss, 130 60<sup>th</sup> St SW, Grand Rapids, MI 49548 no later than March 31. **Submitted applications must include all required items as listed on page one.**