

**Community Foundation of Collier County  
Ashley Kelly Memorial Scholarship Fund**

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

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

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_  
*(please specify: cell, work, etc.)*

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Race: circle one**    *African American*    *Caucasian*  
*Hispanic*                      *Other-please specify*

**Number & Ages of Children (if applicable):** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_

**Amount (if applicable) that parent(s)/guardian will contribute towards your education:** \_\_\_\_\_

**Student's Total Monthly Expenses:** \_\_\_\_\_

**Costs:**        **Tuition**    \_\_\_\_\_ **Books**    \_\_\_\_\_ **Fees**    \_\_\_\_\_ **Other**    \_\_\_\_\_

**List Any Other Resources You Have Available Including Other Financial Aid:**

\_\_\_\_\_  
\_\_\_\_\_

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**HIGH SCHOOL INFORMATION**

**School:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Counselor Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**List Activities and/or Offices Held:** \_\_\_\_\_

**List Honors and/or Awards:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**COMMUNITY INFORMATION**

**List Community Service Volunteer Activities:** \_\_\_\_\_

**List Work Experience:** \_\_\_\_\_

**References:** Applicant should submit three (3) letters of recommendation. One must be drawn from a school authority. The others may come from an adult over the age of 18, that has known the Applicant for at least two (2) years.

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**TRAINING & EDUCATION EXPECTATIONS**

**Institute(s) Applied To:** \_\_\_\_\_

**Institute(s) Accepted By:** \_\_\_\_\_

**Probable Course of Study:** \_\_\_\_\_

**Career Plans:** \_\_\_\_\_

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**SCHOLARSHIP AGREEMENT**

The Ashley Kelley Memorial Scholarship Fund requests all applicants for scholarships to sign the following: I do not now, and will not through the course of my education, use illegal drugs. I understand that if I fail to abide by this requirement, I will have to repay the scholarship money within one year of the breach, at an annual interest rate of 10%, with a late charge of 1 1/2%, calculated from the date of receipt of my scholarship.

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**