

Project Kindle will award at least 5 scholarships annually in the range of \$100.00 to \$1,000.00, based on available resources, for higher education to students who are infected with HIV or AIDS, have a parent or sibling infected with HIV or AIDS or who have lost a parent or sibling to HIV or AIDS illness and who demonstrate leadership in community activities, school activities, scholastic achievement and are residents of the 50 United States or the District of Columbia.

You may apply to the Project Kindle Students Affected By AIDS Scholarship if you will be attending an undergraduate or graduate course of study in the fall at an accredited two or four year college, university or vocational-technical school. This includes those students currently enrolled in an undergraduate or graduate course of study and has one or more years of school remaining. To apply for a Project Kindle Students Affected By AIDS Scholarship, you must comply with the application checklist at the end of this form.

### SCHOLARSHIP STUDENT APPLICATION

TYPE OR PRINT ALL INFORMATION EXCEPT FOR SIGNATURES

#### APPLICANT DATA

Name: _____
Applicant is: HIV Positive <input type="checkbox"/> HIV Negative <input type="checkbox"/> AIDS Diagnosis: Yes <input type="checkbox"/> No <input type="checkbox"/>
Is applicant living with an infected family member? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what is the relationship(s) to Applicant: _____
Has applicant lost a family member(s) to an AIDS related illness? Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, what is the relationship(s) to Applicant: _____
Permanent Residence: Street: _____ Apt# _____
City: _____ State: _____ Zip: _____
Phone Number: (_____) _____ Alternate Number: (_____) _____
SOCIAL SECURITY NUMBER _____

Please indicate your status. (For statistical purposes only.)  Male  Female  
 Alaskan Native/American Indian  Asian  Pacific Islands/Native Hawaiian  
 African American/Black  Hispanic/Latino  White

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

Name of Individual who can verify that applicant is either infected or affected by HIV/AIDS.  
(must be a licensed individual in the health care field)

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

HIGH SCHOOL SENIOR STUDENT DATA GRADUATION DATE/DATE GED WAS OBTAINED:

Month \_\_\_\_\_ Year \_\_\_\_\_

High School Attending/Attended: \_\_\_\_\_

IF CURRENTLY IN HIGH SCHOOL, THIS SECTION MUST BE COMPLETED AND SIGNED BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR at the end of grade 11 (or grade 12 if you have graduated high school and not completed at least one term at a post-secondary school).

Applicant's rank \_\_\_\_\_ in a class of \_\_\_\_\_ students

Cumulative unweighted grade point average \_\_\_\_\_ / 4.0 scale

Cumulative weighted grade point average \_\_\_\_\_ / 4.0 scale

\_\_\_\_\_  
Principal or Guidance Counselor signature Title

### **COLLEGE/POST SECONDARY STUDENT DATA**

Name of college you attend or plan to attend.

\_\_\_\_\_

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

4 yr. College or University

2 yr. Community or Junior College

Vocational-Technical School

Other: please specify \_\_\_\_\_

Year in post-high school program next school year:

1 2 3 4 5 or Graduate Study

Major or course of study \_\_\_\_\_

Anticipated date of graduation \_\_\_\_\_ Month/Year

Current college cumulative grade point average (4.0 scale) \_\_\_\_\_

Degree sought:  Bachelor  Associate  Certificate  Other

\_\_\_\_\_

How did you first hear about this scholarship?

\_\_\_\_\_

(PLEASE SPECIFY)

**GRADUATE SCHOOL DATA**

Name of post-secondary school you attend or plan to attend. Use official school name. Do not use abbreviation.

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Areas of Study

\_\_\_\_\_

\_\_\_\_\_

Year in school next year: 1 2 3 4 5 or Graduate Study Expected graduation date:

Month \_\_\_\_\_ Year \_\_\_\_\_

## **Project Kindle Scholarship Fund Media Release Form**

Project Kindle needs photographs, video, artwork, and other materials to assist with fundraising and marketing. You and your child's assistance in the matter are greatly appreciated. However, we also understand your privacy and we will respect your decision as indicated below by your initial to the right of each statement and signature below.

### **1. MEDIA CONSENT**

\_\_\_\_\_ By my initial to the left and signature below, I agree that it is permissible for my child to be filmed and or photographed while with Project Kindle for any Press - Media or Internet purposes. I understand that there may be members of the press and media periodically on site to document the Project Kindle experience for possible broadcast or release. Often, general field shots are taken of children speaking, presenting etc. where my child's face may appear alone or in a group. By signing below I agree that this is permissible to use my child's face to appear in any Media Release or on Project Kindle's Internet web page. I do give full consent to Project Kindle and its partners/the media for the right to interview and/or to take photographs, audio or audio-visual recordings of my child to be used in promotional, educational or fundraising materials including, but not limited to videotapes, pamphlets and brochures. By signing this media release, I intend to legally bind myself, my minor children, my heirs, executors and administrators. Project Kindle and its partners shall have the right to use photographs or other images of me/my child in promotion, educational or fund-raising materials. I acknowledge that Project Kindle and its partners/ media shall have all rights of copyright in and to such photographs and videotapes and may use such copyright fully. I also hereby release Project Kindle and its officers, agents, employees and partners from all liability connected with the taking and use of these materials as is authorized by Project Kindle. In addition, I waive all rights, interest or claims for payment in connection with any exhibition or release of these materials. This consent is voluntary, and I give it in the interest of public information, education, the furtherance of the goals of these institutions, or other lawful purposes. I acknowledge that I have legal authority to sign this form on behalf of the minor whose name is mentioned above.

#### **PRESS - MEDIA INTERVIEW RELEASE**

\_\_\_\_\_ I agree that it is permissible for my child to be interviewed by members of the press.

#### **PRESS- MEDIA NAME RELEASE**

\_\_\_\_\_ I agree that it is permissible for my child's **first** name to appear in the Press or Media.

\_\_\_\_\_ I agree that it is permissible for my child's **full** name to appear in the Press or Media.

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

Print Parent/Guardian Name: \_\_\_\_\_

**IF YOU ATTACH ADDITIONAL SHEETS, THE BELOW FORMAT MUST BE USED AND DO NOT REPEAT ACTIVITIES.**

## **SCHOOL COMMUNITY AND VOLUNTEER ACTIVITIES**

### **1. SCHOOL ACTIVITIES**

List all school activities in which you have participated during the past 4 years (e.g. student government, theatre, music, sports, etc.). Indicate all special awards and honors. List all leadership positions and offices held. Check academic years during which you participated.

### **2.COMMUNITY AND VOLUNTEER SERVICES**

List all community and volunteer activities in which you have participated without pay during the past 4 years (e.g. Blue Cross, Big Brother/Big Sister, Youth Group, volunteer at nursing home, recycling project, etc.). Indicate all special awards and honors. List all leadership positions and offices held. Do not list any paid work. Check the academic years during which you participated.

Activity Special Awards/Honors Leadership Positions/Offices Held

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### **GOALS AND ASPIRATIONS**

Write a brief essay (100-200 words) on your goals as they relate to your 1-Education, 2-Career, and 3-Future Plans.

### **YOUR HISTORY WITH HIV/AIDS**

In a brief essay (100-200 words) write how HIV and AIDS has impacted your life.

### **FINANCIAL NEED**

Please briefly describe personal/family financial need.

### **LETTERS OF RECOMMENDATION**

Applicant must submit 3 letters of recommendation with application. These recommendations can be mailed separately to the address below. The letters of recommendation should not come from family members.

## APPLICATION CHECKLIST

This scholarship application becomes complete and valid only when you have enclosed the following materials:

- o Student Application
- o Essays/Goals and Aspirations, History with HIV/AIDS and Financial Need
- o High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades with test scores; or
- o Students currently or previously enrolled in college, graduate school, or vocational-technical school must include all university or vocational-tech transcripts of grades.
- O Letters of Recommendation (3)

(TRANSCRIPT, INCLUDING GRADING SCALE, MUST BE ENCLOSED WITH APPLICATION)

Mail To: Project Kindle  
Students Affected By AIDS Scholarship  
28245 Ave Crocker, Ste. 104  
Santa Clarita, CA 91355  
1-877-800-2267

## SELECTION OF RECIPIENTS

The Project Kindle Board has the sole responsibility for selecting recipients.

## CERTIFICATION

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information will result in termination of any scholarship granted. This application is the sole property of Project Kindle.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICIAL RULES

In order to be eligible for a scholarship, applicants must complete the application form in its entirety and return it to Project Kindle by the entry postmark deadline. All applications will first be screened to be sure that they are in fact infected or affected by HIV and AIDS. Secondly, they will be screened on the basis of leadership responsibilities in community activities and school activities and on grade point average. Scholarship recipients will be selected on the basis of the number, length of commitment, and quality of leadership responsibilities in community activities and school activities, awards and honors, a clear statement of education and career goals, and academic record. Three letters of Recommendation must be submitted either with this application or sent in by mail to Project Kindle before application will be taken into consideration. Project Kindle will have sole responsibility for the selection of recipients and its decision will be final. Recipients will be notified by mail. Void where prohibited. All federal, state, and local laws, and regulations apply. Recipients shall be responsible for any and all taxes. Recipients will be required to sign and return an Affidavit of Eligibility/Release of Liability. Acceptance of scholarship constitutes permission to use recipient's name and/or likeness for purposes of advertising and trade without any further compensation, unless prohibited by law. No transfer of scholarship is permitted. Offer open to residents of the 50 states and District of Columbia who plan to attend an accredited post-secondary school in the Fall of this year and enroll in an undergraduate or graduate course of study. Names of recipient will be posted on the Project Kindle website at [www.projectkindle.org](http://www.projectkindle.org).

### ENTRY POSTMARK DEADLINE

Fall: March 1st

Spring: September 1st