Kids Who Care Scholarship Application

**Kids Who Care** is a program designed to salute high school Seniors who have made a positive difference in the lives of others by volunteering. Scholarships will be awarded to local Seniors from the Savannah and Low country area in recognition of their outstanding volunteer service to their community. These scholarships are not based on academic or athletic ability.

The Junior League of Savannah would like you to help us identify Kids Who Care by nominating high school Seniors who have been active volunteers. Nominations may be made by anyone: principals, counselors, students, community groups and individuals, as well as self-nomination by the student.

- The application **deadline is Friday, December 17, 2021.**
- Interview of the finalists will be conducted in January 2022.
- Awards will be presented at the Junior League of Savannah General Membership Meeting on Monday, May 7, 2022.
- All applicants will be notified in writing of the selection committee’s decision.
- If awarded a scholarship, funds must be used during the 2022-2023 school term.

**A completed application packet submission must include the following items:**

- [ ] Completed Application Form
- [ ] Volunteer Letter of Recommendation
- [ ] Student Personal Information Essay
- [ ] A signed copy of the attached Minor Photo / Video Release Form

**Please email completed applications to the following address:**

CommOutreach@jrleaguesav.org
Contact: Katelyn McCarthy

**Please encourage your students to fill out the application and return it today!**
KIDS WHO CARE SCHOLARSHIP
APPLICATION

Date: ______________________

Nominee Name: ______________________

________________________ ____________ ____________

Last First Middle

Street Address: ______________________

____________________________

City State Zip

Phone Number: ______________________

____________________________

Mobile Home

Email Address: ______________________

PARENT | GUARDIAN INFORMATION

Name: ______________________

____________________________

Phone Number: ______________________

____________________________

Email Address: ______________________

SCHOOL INFORMATION

Name of High School Attended: ______________________

____________________________

Principal: ______________________

____________________________

Name Phone

Counselor: ______________________

____________________________

Name Phone

School Address: ______________________

____________________________

City State Zip

REFERENCES

Personal Reference: ______________________

____________________________

Email Address: ______________________

____________________________

Phone Number: ______________________

____________________________

Volunteer Service Reference: ______________________

____________________________

Email Address: ______________________

____________________________

Phone Number: ______________________

____________________________
### VOLUNTEER ORGANIZATIONS & ACTIVITIES

Please list up to five volunteer activities or organizations in which you have participated during the last four years.

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<th>NAME OF ORGANIZATION</th>
<th>GRADE IN SCHOOL</th>
<th>RESPONSIBILITIES/INVOLVEMENT</th>
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### ADDITIONAL REQUIREMENTS

**Letter of Recommendation** *(to be completed by the Volunteer Service Reference and submitted with this application)*

Please tell us about the nominee's volunteer activities during his or her high school years and describe the most important accomplishments. Explain what makes these accomplishments worthy of special recognition. *(250 words or less, attach extra page in necessary)*

**Student Personal Information Essay** *(to be completed by the Nominee and submitted with this application)*

Please provide information of a personal nature about the nominee's family, education, interests, or anything else that you feel is relevant to this nomination.
PHOTO / VIDEO RELEASE FORM FOR MINORS

Junior League of Savannah
7706 Waters Avenue
Savannah, GA 31406

PERMISSION TO USE PHOTOGRAPH AND / OR VIDEO

Subject: Kids Who Care Scholarship Awards

Location: Junior League of Savannah Annual Meeting

I grant to the Junior League of Savannah, its representatives, and permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the Junior League of Savannah and The Association of the Junior Leagues International Inc. (AJLI) with respect to copyright ownership and publications including any claim for compensation related to use of the materials.

I have read and understand the above.

 Minor’s Name: ________________________________

 YOUR Name: ________________________________________________________________________________

 (Parent or Guardian) __________________________________________________________________________

____________________________________________________________________________________________

Signature

 Date: _______________________________________________________________________________________

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**General Guidelines:** It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required: signatures of minors are not sufficient. When images are published, the Junior League of Savannah and AJLI will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. Photographs or videotaping in private or public schools or youth camps must be done only with school or camp permission and with signed release forms from a parent or guardian of each child. Release forms should be included in school or camp registration materials. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records.
KIDS WHO CARE SCHOLARSHIP DISBURSEMENT REQUEST FORM

Disbursement form is not required at the time of application. Please submit the form when the school is identified.

Name of Recipient: ____________________________

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Street Address: ____________________________________________

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Phone Number: ____________________________________________

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Email Address: ____________________________________________

Student ID or SSN: ________________________________________

SCHOOL INFORMATION

Name of College / University: ________________________________

Contact Person: __________________________________________

Department: ______________________________________________

School Address: __________________________________________

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Please return completed form via email to
CommOutreach@jrleaguesav.org