



**Roxann (Bruinsma) Kemink  
Memorial Scholarship  
\$1,000**

[www.caringbridge.org/visit/RoxieK](http://www.caringbridge.org/visit/RoxieK)

**Applicants Must:**

1. Plan to enroll in an accredited NON-Profit Post-Secondary institution
2. Have a minimum cumulative grade point average of 3.0 on a 4.0 scale
3. Be a Female
4. Be a Graduating Senior of Castlewood High School

**Preferred (NOT required) Applicants possess the following traits:**

1. *Member and active involvement in Castlewood High School Band, Varsity Cheer Team, Choir and/or Varsity Track Team*
2. *First generation college student*
3. *Financial/economic circumstances limiting capacity for a post-secondary education*

**Scholarship Award Distribution Terms/Conditions**

1. Award will be issued jointly payable to recipient and institution in second semester of enrollment
2. Winner selection will be determined/selected based on submitted application and supporting/required material/information of Castlewood Education Foundation

**Application Deadline: Submit application and all attachments to the Castlewood School Administrative office prior to March 31.**

# **Roxann (Bruinsma) Kemink Memorial Scholarship Checklist**

- 1. Completed "Scholarship Checklist" (page 2)
  
- 2. Completed "Scholarship Application Form" (page 3-6)
  
- 3. Completed "Scholarship Reference Form" (page 7)
  
- 4. Typed, one-page personal statement which includes the positive impacts/influences created by volunteer and/or extra-curricular participation AND how you will continue to utilize those experiences in the future.\*
  
- 5. Transcripts: Photocopies and/or printouts are accepted.\*

\*Please attach information for numbers 4 and 5.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

# Roxann (Bruinsma) Kemink Memorial Scholarship Application Form

**Identifying Information**

Applicant's Name:

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Last First Middle

Date of Birth: \_\_\_\_\_  
Month/ Day/ Year

U.S. Citizen: \_\_\_Yes \_\_\_No

PERMANENT Mailing or RESIDENTIAL Address:

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Number Street PO Box Apt. No. City State Zip

PERMANENT Phone No. (\_\_\_\_\_) \_\_\_\_\_

High School GPA \_\_\_\_\_

Projected date of High School graduation \_\_\_\_\_

**Extra-Curricular Activities**

**Years of Participation**

**Honors/Awards Held**

<b><u>Extra-Curricular Activities</u></b>	<b><u>Years of Participation</u></b>	<b><u>Honors/Awards Held</u></b>
<b>Band</b>		
<b>Cheer Team</b>		
<b>Choir</b>		
<b>Track</b>		

If additional space is needed, ATTACHMENTS may be used.

**Post-Secondary Plans**

Post-Secondary Institution planning to attend:

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Public or Private Institution (circle one)

Full-time or Part-time enrollment (circle one)

For Profit or Non-Profit Institution (circle one)

Intended/Current Course of Study/Major:

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Briefly discuss why you are selecting this Field of Study/Major?


Please write a statement regarding your Educational/Career goals.


**Financial Need**

List ALL other financial aid and/or scholarship awards and amounts awarded for your post-secondary academic year (if additional space is needed, attachments may be used).

1.	2.
_____	_____
3.	4.
_____	_____

Financial Aid Status: \_\_\_\_\_ Dependent \_\_\_\_\_ Independent

1<sup>st</sup> Generation Secondary Education Student: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Guardian/Father's Full Legal Name:**

_____	_____	_____
Last	First	Middle

**Permanent Residential Address:**

_____	_____	_____	_____	_____	_____
Number Street	PO Box	Apt. No.	City	State	Zip

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**Guardian/Mother's Full Legal Name:**

_____	_____	_____
Last	First	Middle

**Permanent Residential Address:**

_____	_____	_____	_____	_____	_____
Number Street	PO Box	Apt. No.	City	State	Zip

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Please describe any special circumstances and/or family circumstances that influence your capacity to fund your educational goals:


I hereby certify that, to the best of my knowledge, the information provided in the "Scholarship Application Form" and supporting material, is true and correct. Any falsifying of financial statements or any other information is due for immediate disqualification or retraction of scholarship funds. I permit the Roxann (Bruinsma) Kemink Memorial Scholarship Selection Committee access to my institutional information to track progress and verify qualifications under the rules of this scholarship.

**Applicant's Name:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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

# **Roxann (Bruinsma) Kemink Memorial Scholarship Reference Form**

*Castlewood High School Statement – To be completed by Principal or School Counselor*

Position of Applicant in Class:

Ranks \_\_\_\_\_ in a class of \_\_\_\_\_

Statement of Recommendation:

I hereby recommend the above applicant for the Roxann (Bruinsma) Kemink Memorial Scholarship as a person of good character, integrity and Citizenship.

Comments:

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

Castlewood High School Position/Title: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_