



The Kevin Crowe Memorial Fund, Inc.

17 Appaloosa Circle

Hopkinton, MA 01748

(857) 205-7351

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KEVIN CROWE MEMORIAL FUND SCHOLARSHIPS

Application Form – 2023

History and Purpose

The Kevin Crowe Memorial Fund (“KCMF”) Scholarships were established in 2006 by the friends and family of Kevin Crowe. The purpose of the KCMF Scholarships is two-fold. First, the friends and family of Kevin Crowe wanted to honor and carry on the memory of Kevin Crowe who was taken from us far too soon. Second, the friends and family of Kevin Crowe believe one of our highest priorities is to expand and improve opportunities for the education of young people planning on attending the Stockbridge School in Amherst, Massachusetts, especially those who have hardships. Similar to the past few years, in 2023 the KCMF Board will award scholarships for two-year and/or four-year students of the Stockbridge School. The scholarship award is an annual minimum of \$2,500 for each student pursuing a two-year and/or four-year degree at the Stockbridge School.

Criteria

The recipients are to be selected according to the following criteria:

1. Each recipient must be a legal resident of the United States of America and a current student at the Stockbridge School with a GPA of 2.5 or greater. Scholarship recipients returning for their second, third and fourth year must maintain a grade point average of 2.5 or better and must be in good standing with the Stockbridge School in order to receive additional scholarship awards.
2. Recipients will be chosen by the KCMF Board of Directors and will be chosen from applications submitted by eligible students based on the following criteria:
 - a. Academic performance/academic potential
 - b. Hardship
 - c. Financial need

3. Application forms and all supporting materials need to be postmarked by July 21, 2023.

No one criterion is more important than another. The Board carefully weighs all aspects of a student's application.

APPLICATION INSTRUCTIONS

PLEASE KEEP THIS COVER SHEET and use it as a checklist to be sure you send all required materials.

Application packets must include the following:

- † **Completed application form.**
- † **A personal essay that tells us something about a hardship you have overcome in your life. The essay should be limited to two pages.**
- † **A copy of your financial aid award summary**

**Applications need to be emailed to dpcrowe17@verizon.net or
postmarked by July 21, 2023. Mail to:**

Kevin Crowe Memorial Fund, Inc.
17 Appaloosa Circle
Hopkinton, MA 01748

If you have any questions, please call us at (857) 205-7351 or e-mail dpcrowe17@verizon.net

**ALL INFORMATION PROVIDED TO THE KEVIN CROWE MEMORIAL FUND,
INC. WILL BE KEPT CONFIDENTIAL**

KEVIN CROWE MEMORIAL FUND SCHOLARSHIP APPLICATION FORM

Name: _____
Last First Middle Prefer to be called

Date of Birth: _____ Place of Birth: _____

Home address: _____ City: _____ Zip: _____

Home Phone: _____ E-mail: _____

HIGH SCHOOL: _____

PARENT/GUARDIAN INFORMATION

Name:		
Occupation/Title:		
Employer:		
Highest education COMPLETED:	... Less than high school ... High school diploma or GED ... Associates degree/Some college ... Bachelors degree ... Graduate degree, Masters, PhD ... Unknown	... Less than high school ... High school diploma or GED ... Associates degree/Some college ... Bachelors degree ... Graduate degree, Masters, PhD ... Unknown

Major area(s) of study: _____ 2-Year Program or 4 Year Program _____

Do you live: ___ on campus ___ off-campus apartment ___ at home

List your **School Activities** (in order of interest to you):

Description	Years of participation	List any leadership positions or awards:
	† Fresh. † Soph. † Jr. † Sr.	
	† Fresh. † Soph. † Jr. † Sr.	
	† Fresh. † Soph. † Jr. † Sr.	

Employment History:

Job description	Dates of employment	Total # of hours worked in a typical week
		School year: Summers:

Financial Information

Please fill out this section entirely and send in copies of your financial aid award notice.

1. Household Income. We do not need a copy of the tax return. _____
2. Number of household members who will be in college in 2023. _____.
3. Expected Family Contribution (EFC) from your Student Aid Report. _____.

Academic Information

Please fill out this section entirely and send in a copy of your most recent high school transcript.

1. Class Rank- Number in class _____ Your standing _____. Please check here if your school does not rank _____
2. GPA _____. Please check here if your school does not calculate GPAs ____
3. Please list any advanced placement or honors courses you have taken if applicable

_____	_____
_____	_____

KEVIN CROWE MEMORIAL FUND SCHOLARSHIP APPLICATION FORM

All information in each portion of this application is true and complete to the best of my knowledge. I understand that I may be asked to provide proof of information stated in this form. I agree to be bound by all the terms and conditions of the Kevin Crowe Memorial Fund Scholarship Program should I be selected as a recipient.

Signature of applicant: _____

Name of applicant (printed): _____

Date: _____