



SCHOLARSHIP PROGRAM APPLICATION FORM

Deadline: This application form and all other required documentation must be received by March 31st 5:00 p.m. CST to be considered for the fall term.

Mail to: KP Family Charities 1101 Tropicana Drive. Pflugerville, TX 78660.	Questions? Call (512) 773-5661 (10 a.m. – 3 p.m. weekdays) E-mail: kpcharity@dccaustin.com Website: www.kpcharity.org
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All fields are required fields.

1. Eligibility: Students must meet these criteria to be eligible. Please initial.

- ____ I confirm that my family is Surti Leuva Patidar.
- ____ I live in the United States (includes Washington D.C. and Puerto Rico).
- ____ I will be attending a college in the United States starting fall of this year.
- ____ I confirm that my GPA is 3.00 or higher.

2. Name:

a. Full Name (First name, Middle name(s), and Last name):

b. If it is different than your formal name, what do you prefer to be called?

3. Have you received a KP Charity scholarship before?

____ Yes (Year: _____) or ____ No. (If yes, you do not qualify)

7. Home address: The KP Family Charities Scholarship Program is restricted to residents of the 50 states of the United States of America.

Address: _____

City: _____ State: _____ ZIP: _____

8. Mobile telephone: (_____) _____

9. Landline telephone: (_____) _____ Extension: _____

10. E-mail: _____

11. Date of Birth (MM/DD/YYYY): _____ / _____ / _____

12. What school do you currently attend?

Name: _____

City: _____ State: _____ ZIP: _____

Phone number: (_____) _____

What is your current GPA? _____ (Attach your Grade Transcript)

13. **Required for high school students only— College admission composite test score(s).** Attach transcript of all score reports.

ACT _____ SAT _____ Other: _____

14. What college will you attend this Fall?

Name: _____

City: _____ State: _____ Zip Code _____

15. Classification in fall semester: _____

(Freshman, sophomore, Junior, Senior, Graduate, PhD Candidate, Postgraduate, etc.)

16. What degree(s) are you pursuing? _____

17. What profession or field of employment do you wish to enter with your college degree? _____

18. Expected Month & Year of Graduation: _____

19. List any other postsecondary institutions you have attended:

19a. Name: _____

City: _____ State: _____ Years: _____

19b. Name: _____
City: _____ State: _____ Years: _____

19c. Name: _____
City: _____ State: _____ Years: _____

20. Essay:

Topic: What does philanthropy mean to you?

Attach your essay to this form. The essay is limited to no more than 500 words

21. Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____