

## Breaking the Cycle Scholarship Application Form

### Applicant Information

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

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

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_

Intended Major / Field of Study (if applicable): \_\_\_\_\_

### Academic Information

Cumulative GPA: \_\_\_\_\_ (on a \_\_\_\_ scale)

Academic Honors / Awards (if any):

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### Extracurricular Activities & Community Involvement

Please list school activities, clubs, volunteer work, employment, or leadership roles:

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### Personal Statement

On a separate page or in the space below, please answer the following:

**How will this scholarship help you achieve your educational and career goals?**

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### **Financial Need (optional, if applicable)**

Please briefly describe any financial circumstances you would like the selection committee to consider:

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### **Certification & Signature**

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Submission Instructions**

Please submit the completed application along with any required attachments by:

**Deadline:** **March 31, 2026**

**Submission Method:** Application can be emailed to [kayela.bennett@ky.gov](mailto:kayela.bennett@ky.gov) or dropped off at the Breckinridge County Health Department.

For questions, contact: Kayela Bennett at [kayela.bennett@ky.gov](mailto:kayela.bennett@ky.gov) or 270-668-7294