

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):

Extracurricular Activities & Community Involvement

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

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?

Financial Need (optional, if applicable)

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

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 or dropped off at the Breckinridge County Health Department.

For questions, contact: Kayela Bennett at kayela.bennett@ky.gov or 270-668-7294