# KINDNESS FROM KAILEE FOUNDATION TEEN DRIVER SCHOLARSHIP

The Kindness from Kailee Foundation is awarding **two scholarships** for driver education, courtesy of funding from the foundation. The grant will help teenagers in low-income and/ or families that are struggling financially to get access to free driver training. Students who receive the teen driver scholarship, will be able to select driver education training taught by **Professional Driving School.**

Necessary forms are included with this packet. Completed applications should be sent to: Stella Mayher. Email to: kingnstar@aol.com

Applications will be reviewed in the order in which they are received. The applications will be accepted and distributed until all of the funding has been allocated.

**Requirements for Applications include:**

- Must attend High School
- Must be 15 ½ to 17 years old **WITH** a Valid Temporary Permit (submit copy)
- Financially eligible families* with students can be referred through the schools principal or counseling department
- A cumulative GPA of 2.0 or higher (submit transcript or most recent report card)
- One recommendation from a non-family community member (example: teacher, coach, youth pastor, employer, etc.) please use the included form below
- An essay (250+ words) explaining why driver education is important for teens

** School reduced/ free lunch eligibility or existing school staff relationships verify financial need/ hardship.

Students who are accepted will be notified via **email.** The course fee will be paid directly by the Kindness from Kailee Foundation.

Please note: students MUST complete the provided pre and post surveys as part of the scholarship.

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# Student Recommendation Form:

Date:

Student name:

Person completing recommendation form:

Title:

Organization:

What is your relationship to the student? Please circle

- Teacher
- Coach
- Employer
- Advisor
- Other: _____

On a scale of 1-5 (1 being poor, 5 being excellent) how would you rate this student in the following areas:

- Responsibility: _____
- Work ethic: _____
- Leadership: _____
- Behavior: _____

Comments:

Signature:

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# Kindness from Kailee Teen Driver Scholarship Participant Application:

Students legal name: First _____ Last _____

Students Date of Birth: Month_____ Date _____Year_____

Student's age prior to starting driving course is: please circle

- 15 ½
- 16
- 17

(Training MUST be completed prior to 18th birthday)

Student's address: Street _____Apt: _____

City _____ Zip Code_____

Parent/ Guardian name: First_____Last_____

Parent/ Guardian relationship to student:_____

Parent/ Guardian address: Street_____Apt_____

City_____ Zip Code_____

Phone number:_____

Email address:_____

Parent/ guardian would like to be contacted by: please circle one or multiple

- Text
- Email
- Phone

May the student be contacted by a representative directly? Yes or No

Student's phone number: _____

Student's school email: _____

Student's high school: _____

Student's counselor: _____

Student would like to begin Drivers Education in the month of:

(**Please note:** April and June are preferred)

- ☐ March
- ☐ April
- ☐ May
- ☐ June

**Driving school information:**

**Professional Driving School:** https://drivingclass.com/

- Contact: Mary Kay
- Address: 12000 Snow Road Suite 6, Parma, Ohio 44130
- Phone #: 216-941-6888
- Fax #: 216-941-9442

This school has many convenient classroom locations. It also offers the student to be picked up at home to complete their in car training.

**PARENT/ GUARDIAN AGREEMENTS:**

Students must complete two brief surveys via text/ email. Parent/ guardian and student agree to complete two surveys from the Kindness from Kailee Foundation. The first survey is to be done immediately upon enrollment, using the QR code below. The second survey is the student completion survey after completion of the driving course (second QR code).

Please fill out this survey immediately upon enrollment

Please fill out this second survey after completion of the course

Parent/ Guardian's initials: _____ Date:_____

I agree to contact Stella Mayher's Email at kingnstar@aol.com and update when my student completes the enrollment survey, driver's training, and the completion survey.

Parent/ Guardian's initials: _____Date: _____

***If a student does not complete the entire course, including the surveys, financial responsibility for the driver's education tuition will be billed to the parent/ guardian listed.***

Parent/ Guardian's initials: _____Date: _____

I (first name) _____(last name)_____

Agree to pay (name of driving school)_____

If (student's name) _____

fails to complete the driver's education course and the two surveys as REQUIRED by the Kindness from Kailee Foundation Grant. The driving school will bill me directly for the tuition.

Parent/ Guardian's initials: _____Date: _____

**Next steps:**

- The first 40 applications will be processed.
- Applicants and parents will be notified if selected within 30 days of application.

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Foundation