**Robert “Bob” Kimbrough Memorial Scholarship**

Our late father, Robert “Bob” Kimbrough, was an active and contributing member of the Yorktown community for many years. Through his service to the Yorktown community, our father made a lasting impression on countless individuals. Bob was an active member of the Yorktown Lions Club, Yorktown Football Boosters, drove a school bus for Yorktown Community Schools, and was most well known as “Brazier Bob” - the ever-present community minded owner of the local Yorktown Dairy Queen. Bob supported, believed in, and loved the community of Yorktown and also Yorktown Community Schools. Bob’s children- Barry (Norfolk, VA), Kim (Winchester, IN), Charlie (Tampa, FL), and Susan (Jasper, IN) would like to remember and honor the 30th anniversary of Bob’s passing and his community-driven legacy by providing this scholarship opportunity to benefit a 2017 graduating Senior from Yorktown High School.

Available Scholarship:

**One** (1) $1,500 scholarship is available for a graduating senior from the Yorktown High School class of 2017.

Scholarship Guidelines & Priorities:

\* Graduating senior with a demonstrated and active record of volunteerism in the community, non-school sponsored activities, and participation in extracurricular activities.

\* Applicants must have a minimum GPA of 2.75

\* Scholarship funds will be paid in Fall 2017.It will be the student’s responsibility to submit to Charles Kimbrough, at that time, an invoice for semester tuition and fees. Scholarship payment will be made in the name of the recipient and the recipient’s college/university.

\* Applicants must have the endorsement of their Yorktown High School Guidance Counselor on their application attesting applicant is a qualified fit for this scholarship program.  Application deadline is May 1, 2017. Late applications are not accepted.

Mail one an original completed typed application package to: Charles Kimbrough

*(This includes application, signoff by Guidance Department, and essay)* c/ o Kimbrough Memorial Scholarship 5911 Tealwater Pl

Lithia, FL 33547

*Please provide a second copy of the application to your attesting Guidance Counselor*. The applications will be reviewed and recipient will be selected by the Kimbrough family with significant input from Yorktown High School. The scholarship will be awarded in May 2017.

Please submit any questions to: [charlie.kimbrough@ontariosystems.com](mailto:charlie.kimbrough@ontariosystems.com) with “Kimbrough Memorial Scholarship” in the subject line.

**Scholarship APPLICATION 2017**

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| --- | --- | --- |
| Please Type | | |
| 1. | Last Name: | First Name: |
| 2. | Mailing Address Street:City: State: Zip: | |
| 3. | Telephone Number: ( )  Email Address: | |
| 4. | Cumulative Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_  Yorktown High School Guidance Counselor will attest to GPA requirement.  Intended Course of Study: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­­ | |
| 5. | Are you the first person in your family to go to college: YES \_\_\_ NO \_\_\_\_ | |
| 6. | A. List your non-school sponsored volunteer activities in the community:  B. List your extracurricular activities and school related volunteer activities:  C. List any academic honors, awards and membership activities while in high school | |
| 7. | A. If you have decided on which college/university you will attend, please list school name:  B. If not, list your top 3 college choices: | |

**14. On a separate sheet please articulate responses to the prompts below (300 – 600 words):**

Describe how volunteer or community service has shaped who you are today and what community service has taught you. Further, discuss how the Yorktown community has helped you to become what you are today and what you hope and plan to become in the future. Finally, discuss in your essay any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.

### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby understand that if chosen as a scholarship winner it is my responsibility to remit the appropriate information for my scholarship to be paid. I understand scholarship monies will be paid to my attending college/university and me.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application.

Name of Guidance Counselor attesting to this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Guidance Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Checklist**

\_\_\_ Application

\_\_\_ Essay

\_\_\_ Guidance Counselor signature

**APPLICANT TO MAIL COMPLETE APPLICATION PACKAGE TO:**

**Charlie Kimbrough**

**c/o Kimbrough Memorial Scholarship**

**5911 Tealwater Pl**

**Lithia, FL 33547**

**REMINDER:**

**The deadline for this application to be received is:**

**May 1, 2017**