

# Marlene's Kaleidoscope Legacy Scholarship Guideline Policy

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## **Fund Description:**

Established in 2019, Marlene's Kaleidoscope is dedicated to improving the lives of people affected by all forms of Lupus. We strive to empower people by providing information about Lupus and offering support so that their voices can be heard in service of creating a better quality of life through research, public awareness, advocacy, and education.

## **Contact Person:**

Please contact Karice Duncan at [kbutterflies2017@gmail.com](mailto:kbutterflies2017@gmail.com)

## **Application Deadline:**

The application will be available online August 1st each year and at the local high schools on the first day of school.

The application deadline is January 31st each year.

**Scholarship Amount:** \$1,000

## **Eligibility:**

- Applicant must be located in Jackson County of the Kansas City, MO metropolitan area.
- Applicant must provide proof of primary residency in the Jackson County, Kansas City, MO metropolitan area.
- Applicant must provide proof of current acceptance with a college, university or accredited trade school.
- Applicant must provide proof of a 2.5 overall high school GPA or a senior year high school transcript, whichever is applicable. (Official transcript with seal is required if selected).
- Applicant must present a letter from his/her physician confirming a diagnosis of lupus for themselves, their parent or guardian.
- Applicant must submit a 500-word or more essay on how lupus is currently affecting his/her life.
- The scholarship will be awarded on an annual basis to one recipient. Previous recipients may not reapply.
- Applicant must provide two letters of recommendation from non-related persons (examples: teachers, coaches, community leaders). Recommendation letters must include the sender's name, address and phone number within the letter.
- The scholarship will be sent directly to the college, university or accredited trade school by August each year, and can be utilized only for tuition, room and board, books, and fees.
- The selected recipient will be notified by March 1 and must attend Marlene's Kaleidoscope's annual event(s) in May to receive the scholarship award.
- If Marlene's Kaleidoscope has any questions regarding an application, a board or committee member may contact the applicant requesting further information or an appointment for a site visit.
- If selected as a recipient of the Legacy Scholarship, I give permission to Marlene's Kaleidoscope to publicly announce my name, publish any pictures of me, share any information I have submitted via Marlene's Kaleidoscope's website and/or all social media and publish an article in a local and national newspaper. I understand that I will be identified as a college student with lupus or related to someone with lupus.

## **Scholarship Application Steps:**

- August 1st of each year: Applications available online through Marlene's Kaleidoscope website [www.mk4lupus.com](http://www.mk4lupus.com)
- January 31st of each year: Application and supporting documents must be completed and submitted via email by 11:59 p.m. CST or postmarked by this date. If you cannot meet the deadline you are invited to apply next year.

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- March 1<sup>st</sup> of each year: Scholarship winner/recipient will be notified via email and/or standard mail.
- May Annual Event: Award will be presented to the Legacy Scholarship Recipient.
- August of each year: Scholarship sent to recipient college, university or accredited trade school.

### **Procedures for Scholarship Seekers:**

It is recommended that recipients review our website to ensure that all requirements for application have been met. For questions, contact Karice Duncan at 573-738-8648 or [kbutterflies2017@gmail.com](mailto:kbutterflies2017@gmail.com).

All applications and supporting documents must be completed and submitted via email to [kbutterflies2017@gmail.com](mailto:kbutterflies2017@gmail.com) by 11:59 p.m. CST or postmarked by January 31<sup>st</sup> via standard mail at:

Marlene's Kaleidoscope  
c/o Legacy Scholarship  
PO Box 14425  
Kansas City, MO 64152

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## Scholarship Application Form

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Birth Date \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Race/Ethnicity  American Indian/Alaska  Asian  Black  Hispanic/Latino  White  Other

High School currently enrolled \_\_\_\_\_

High School Address \_\_\_\_\_

Name of Physician of person with lupus \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Current High School GPA \_\_\_\_\_

**Essay:** Please attach an essay that addresses the following questions (at least 500 words):

- 1) In what specific ways has lupus affected you and your parent/guardian?**
- 2) In what ways will this scholarship help with continuing your education?**

**Agreement:** If selected as a recipient of the Legacy Scholarship, I give permission to Marlene's Kaleidoscope to publicly announce my name, publish any pictures of me, share any information I have submitted via Marlene's Kaleidoscope's website and/or all social media and publish an article in a local and national newspaper. I understand that I will be identified as a college student with lupus or have a parent/guardian with lupus. I also understand that I must attend Marlene's Kaleidoscope's annual fundraising event to be awarded the scholarship.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that all the information provided in my application is complete and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_