



**MARLENE'S KALEIDOSCOPE LUPUS FOUNDATION LEGACY  
SCHOLARSHIP**

**2022-2023**

**SCHOLARSHIP PACKET INFORMATION**

**Applications must be postmarked by April 30, 2023, and mailed to:**

Marlene's Kaleidoscope Lupus Awareness Organization  
Attention: Karice Duncan  
PO Box 14425  
Kansas City, Missouri 64151  
Questions can be sent to [kduncan@mk4lupus.org](mailto:kduncan@mk4lupus.org)



Marlene's Kaleidoscope Lupus Foundation Legacy Scholarship 2022-2023

**APPLICATION CHECK LIST**

\*\*\*Before sending in your packet; please make sure you have everything on this list\*\*\*

- Completed and signed scholarship application (signed by application and parent/guardian)
- Essay (One page typed, double spaced, and 500 words)
- Official High School Transcript (with numerical G.P.A; official signature and sealed in an envelope from school)
- Medical Release Form
- Financial Information
- References (family members are ineligible)

Thank you for your interest in The Marlene's Kaleidoscope Lupus Foundation Legacy Scholarship. This scholarship is to encourage lupus survivors or children of survivors to follow their dreams and do not let this deter you from chasing and achieving your aspiration. This scholarship is for graduating seniors who reside in the Kansas City, Missouri and Kansas City, Kansas metropolitan areas. Applicants must plan to attend an accredited college, university, or post-secondary institution in pursuit of a degree within one year of graduation.

All completed documents should be mailed to and **postmarked no later than April 30, 2023:**

**Marlene's Kaleidoscope**  
**PO Box 14425**  
**Kansas City, Missouri 64151**  
**Attention: Karice Duncan**  
Questions can be emailed to [kduncan@mk4lupus.org](mailto:kduncan@mk4lupus.org)



## MARLENE'S KALEIDOSCOPE LUPUS FOUNDATION LEGACY SCHOLARSHIP APPLICATION

Please fill in all information. The application must be filled out completely to be considered; any areas left off or not filled in will be an immediate disqualification from consideration.

An essay must accompany this application. The essay must be at least 500 words, double spaced and answer the following questions.

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?

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### Section 1: Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Are you the first in your family to attend college (please circle)      Y/N

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Are you a Lupus Warrior or a caregiver of a Lupus Warrior: (please explain)?

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## Section 2: High School Information

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

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

Graduation Day/Month/Year: \_\_\_\_\_

Current G.P.A. \_\_\_\_\_

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## Section 3: Post-Secondary Information

Name of School: \_\_\_\_\_

City/State: \_\_\_\_\_

Four Year University

Two Year Community/Junior College

Vocational/Technical School

Major/Course of Study: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Degree Seeking:

Bachelor's

Associate

Certificate

Have you received any financial awards towards your education:  Y  N

If so; what is/are the amount(s): \_\_\_\_\_

Additional Information: \_\_\_\_\_

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**Section 4: Activities, Awards, Honors, Community Service**

List all school activities and community service in which you are participating in or have participated in during the past four years (i.e. student government, music, sports, hospital volunteering, scouts, etc.)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Applicant Appraisal (required)**

This needs to be completed by high school counselor or college advisor or instructor

Please circle the number that applies

0=non-applicable, 1=poor, 2=fair, 3=good, 4=excellent

1. The applicant's achievements reflect her/his ability	1	2	3	4
2. The applicant's ability to seek and find resources	1	2	3	4
3. The applicant demonstrates drive and initiative	1	2	3	4
4. The applicants respect for self and others	1	2	3	4
5. The applicant's ability to set obtainable and realistic goals				
	1	2	3	4

Additional Comments:

\_\_\_\_\_

Appraiser's Name (Please Print): \_\_\_\_\_

Appraiser's Title: \_\_\_\_\_

Appraiser's Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Transcript Information**

**SEALED Transcripts will be needed for the candidate to be eligible for this scholarship. Marlene's Kaleidoscope Lupus Foundation will cover any fees associated with providing a copy of the transcript. Online transcripts must display the student's name, school name, grades, and credit hours for each course and the term in which the course was taken (if applicable). High School seniors who have completed less than one full quarter/semester of post-secondary education please include a high school transcript**

### **CERTIFICATION**

**Marlene's Kaleidoscope Lupus Foundation is solely responsible for selecting recipients based on the outlined criteria in the description above; therefore, the application and attachments become the property of Marlene's Kaleidoscope.**

**I \_\_\_\_\_ (your name) acknowledge that the decision is final. I certify I meet the eligibility requirements as described in the guidelines, and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any award granted.**

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

**Date: \_\_\_\_\_**

**Name of Lupus Warrior (if caregiver): \_\_\_\_\_**

**Phone #: \_\_\_\_\_**

**Please make sure this application has been completed in its entirety**

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## **INSTRUCTIONS TO BE GIVEN TO REFERENCES**

Please submit two (2) references. Please have your references submit a typed letter of recommendation for you. These letters should be addressed to Marlene's Kaleidoscope Lupus Foundation Legacy Scholarship Committee and include the following:

- Name, address, phone number of reference
- Relationship to applicant (what capacity do you know the applicant)
- How long reference has known the applicant
- Information regarding why the applicant should receive the scholarship award
- Any known leadership abilities/capabilities

Have your reference place their letter in a sealed envelope with their signature across the back of the envelope before returning it to the applicant. Failure to include all the required information listed above will be considered an incomplete packet and could result in the applicant receiving a lower score or making the application incomplete; therefore ineligible.

**Financial Information**  
**To be completed by Parent(s)**

Adjusted Gross Income of Parent(s)/Guardian(s) from IRS 1040: (include a copy of the current year's 1040 form, if available. You may include your most recent 1040 tax form if the current year's tax forms are not available).

( ) Under \$30,000

( ) \$31,000 to \$50,000

( ) \$51,000 to \$75,000

( ) \$76,000 to \$100,000

( ) Over \$100,000

Total number of dependents stated on income tax form: \_\_\_\_\_

Please answer the following questions:

1. Please provide the name of the student or family member that is a Lupus Warrior \_\_\_\_\_
2. When was the Lupus Warrior diagnosed? \_\_\_\_\_

Child/Scholarship Applicant \_\_\_\_\_

Parent \_\_\_\_\_  
(Parent's Full Name)

I attest that the information provided is accurate to the best of my knowledge.

Applicant's First and Last Name (Please Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_





## **Medical Release Form**

To be completed by medical provider or office staff

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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

Who has lupus? \_\_\_\_\_ (Parent) Please print their name: \_\_\_\_\_

\_\_\_\_\_ (Child)

Date Diagnosed: \_\_\_\_\_

Physician Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

I attest that the information provided on this form is accurate

Printed Name: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

**Please mail this form to:  
Marlene's Kaleidoscope Lupus Foundation Legacy Scholarship  
Attention: Karice Duncan  
P. O Box 14425, Kansas City, Missouri 64152**

**Form can be emailed to [kduncan@mk4lupus.org](mailto:kduncan@mk4lupus.org)**