



Kick Butts Generation  
C/o American Lung Association of Delaware  
1021 Gilpin Avenue, Suite 202  
Wilmington, DE 19806  
1-800-LUNG-USA  
1-302-655-7258

#### KICK BUTTS GENERATION ANNUAL SCHOLARSHIP AWARDS PROGRAM

**Eligibility Criteria:** You are eligible to apply if you are a high school senior who is a legal U.S. resident graduating and who will enroll in a full-time undergraduate course of study during the upcoming school year at an accredited two- or four-year college, university or vocational-technical school in the U.S. The Kick Butts Generation Scholarship is based on the following criteria: 1) Number of community volunteer service hours 2) The applicant's short essay on volunteer service in tobacco control 3) The applicant's list of volunteer leadership awards and honors 4) Appraisal form completed by volunteer supervisor or leader 5) A Grade Point Average (GPA) of C/2.0 level (or higher) Final selection of scholarship recipients will be made by a scholarship committee established by the American Lung Association of Delaware. All recipients will be notified by the American Lung Association of Delaware by April 15.

**Application Criteria:** Application materials are distributed early winter to high schools with seniors. In addition, application materials are available on-line at the Kick Butts Generation web site and requests for application materials can be made on-line. Application materials cannot be faxed or e-mailed. All application materials must be received at the American Lung Association of Delaware office no later than 5 PM EST, March 30.

Kick Butts Generation web site: [www.ysmoke.org](http://www.ysmoke.org)

**Additional Information:** The Kick Butts Generation Award Program consists of six \$1,250.00 awards available to Delaware seniors matriculating to higher education. The program grants scholarship to recipients continuing their education or training beyond high school regardless of the length of their planned education or training and no matter what career path they choose.



KICK BUTTS GENERATION ANNUAL SCHOLARSHIP AWARDS PROGRAM

Opening Date: Winter 2008 Closing Date: 5 PM E.S.T., March 30, 2009

(Please Print Clearly)

PERSONAL INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: Delaware Zip Code: \_\_\_\_\_

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

High School Attended: \_\_\_\_\_

Year Graduating: \_\_\_\_\_ GPA: \_\_\_\_\_ County: \_\_\_\_\_

Accredited two- or four-year college, university or vocational-technical school in the U.S.: \_\_\_\_\_

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(Please enclose High School Transcript)

Number of Volunteer Service Hours: \_\_\_\_\_

List of Organizations you volunteered services:

List of Volunteer Service Awards and Honors:

## PERSONAL STATEMENT

On a separate 8 1/2" X 11 White Sheet of Paper, provide a type-written, double spaced, personal statement with no less than 12 font type in 250 words or less. In the top left corner provide the following information:

Name  
County

The intent of the personal statement is to allow the scholarship committee with the opportunity to learn more about your leadership and volunteer service in tobacco control.

This can be a tough assignment as you stare at a blank page and decide on how to convey your contributions to the fight against the devastation tobacco use causes. As you decide what to include and not include consider these:

1. Give a brief statement about yourself, which gives insight into you as a person. Consider sharing something interesting or unusual that happened to attract you to the movement against tobacco. Share any important family history.
2. Tell us what is important to you. Why are you involved in the fight against tobacco. Who and what does your work affect?
3. And finally tell us why this scholarship is important to you.

## Student Appraisal Form for Instructor

**Students:**

Please fill in your name before submitting this form to your instructor.

**Instructor:**

Please complete this appraisal form in ink and return it to the student. (*Scholarship deadline is March 30, 2009.*)

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Class/Classes: \_\_\_\_\_ Sem/Year \_\_\_\_\_

(If you are an instructor please state the class or classes on which the applicant's appraisal is based and complete the Classroom Instructor Appraisal section below.)

**A. Compared to the other students in the class or classes attended by the student, rank the student in the following areas:**

Top 5 % Top 10% Top 25 % Top 50%` Lower 50% Not able to assess

1. Intellectual Reasoning Ability
2. Motivation
3. Overall academic performance

Additional Comments: (*please limit comments to this page*)

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Student Appraisal Form for Counselor, Employer

### Students:

Please fill in your name before submitting this form to your evaluator.

### Evaluators:

Please complete this appraisal form in ink and return it to the student *Scholarship deadline is March 30, 2009.*)

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

*Compared to other individuals with whom you have been associated in the same or similar capacity as the applicant, rank the applicant in the following areas:*

Top 5 % Top 10% Top 25 % Top 50% Lower 50% Not able to assess

1. Intellectual/Reasoning Ability
2. Motivation
3. Likelihood of completing a college education
4. Likelihood of success in establishing a career following the completion of a college education

Additional Comments: *(please limit comments to this page)*

Evaluator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## **Kick Butts Generation Scholarship Application**

**I have submitted to the American Lung Association of Delaware:  
Check Each Box as appropriate.**

- Personal information
- Personal Statement.
- Student Appraisal Form for Instructor
- Student Appraisal Form for Counselor, Employer
- Check off list and Signed Application
- I have stapled and signed my original application
- I have made a copy of this application for my files.

**I certify that I have written an original essay and that all statements in this application are true and to the best of my knowledge. I understand that falsification is cause for voiding this application. I affirm the correctness of the statements in this application. I hereby grant permission to the American Lung Association of Delaware to share and disclose personal information with members of the appropriate selection committee. I hereby authorize the**

**If selected for a scholarship, I will attend the Karavan to the Beach reception on Friday, May 1, 2009. If selected, I understand that American Lung Association of Delaware will publicize this information. I release the right to use my name and photograph for all publications, all reports and all press releases. I understand that I will be required to write a letter of appreciation to my donor(s).**

**Both the applicant and parent/legal guardian must sign this form.**

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

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

\_\_\_\_\_  
**Parent signature**

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