**OVERVIEW**

Thank you for your interest in the Kelmann Cares Foundation.

The Kelmann Cares Foundation puts southeastern Wisconsin families first by creating, identifying and supporting projects and organizations that exist to:

1. positively impact family life;
2. better the communities in which we live and work; and
3. support and honor the men and women who protect our families and communities.

We believe that by supporting local families, we may impact communities, our nation and the world.

Scholarship are considered on a bi-annual basis by the Foundation’s board of directors. **Please note that the maximum amount to be awarded per winning applicant is $500.** All applicants will be notified of the board’s final decision two weeks after the close of the scholarship deadline.

Please select your application period:

[ ]  Spring 2021 Scholarship
Spring Application Deadline: May 1, 2021
Applicants will be notified of the board’s decision by May 15, 2021.

[ ]  Fall 2021 Scholarship
Fall Application Deadline: October 1, 2021
Applicants will be notified of the board’s decision by October 15, 2021.

All applications must be submitted by email to Adam Nelson, Kelmann Cares Treasurer, at apnelson@kelmann.com (download this form, complete it, print to sign and then scan back to email) or by mail to the following address and received by the appropriate scholarship period deadline listed above:

Kelmann Cares Foundation

ATTN: Adam Nelson

12001 W Dearbourn Ave.

Wauwatosa, WI 53226

**GUIDELINES AND REQUIRED ATTACHMENTS**

Please provide the following information for scholarship consideration. Each document must be enclosed as a separate document as part of your application.

1. This completed application
2. Background/History
Brief history of your department/organization and/or future plans to being a first responder, how this scholarship with benefit your community.
3. School acceptance letter or letter from your current education institution for proof of enrollment.

**APPLICATION**

First Name:

Last Name:

Title:

Email:

Phone Number:

EXT:

Mailing Address:

Mailing Address 2:

City, State, & ZIP:

Shipping Address:

If applicable:

Organization/Department:

Department Tax ID # (xx-xxxxxxx):

Alternate Contact Name:

Alternate Contact Phone Number:

EXT:

Alternate Contact Email:

Communities served by your organization:

Population:

Number of calls for server per year:

**CONTINUING EDUCATION/SCHOLARSHIPS**

*Complete this section if you are applying for a Continuing Education/Scholarships.*

*Please note, the Foundation will only review and reward scholarships with accredited schools and programs.*

How do you plan to use the funds requested?

What is the amount of funding you are requesting? *(Awarded amount will not exceed $500.)*

Please provide a detailed description of how the funding will assist your department/organization or future in being a first responder:

Please provide a detailed description of how the education will help the community.

**MEDIA RELEASE**

First Name:

Last Name:

Title:

Organization:

The undersigned representing the organization listed above, and its members, herby grants the Kelmann Cares Foundation permission to use, convey, reproduce, copyright, and publish images or visual likenesses, names and/or voices in any photograph, videotape, sound or other recording, and/or media for commercial, information, educational, advertising or promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product or the advertising copy which maybe be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless the Kelmann Cares Foundation from any liability of any nature or description by virtue of any use whatsoever of my personal information, whether intentional or otherwise, including but not limited to any change that may occur or be produced in the taking of said pictures or images or in the recording of any sound, or any processing in connection with the completion of the finished product.

[ ]  I accept the Terms of the Agreement.

By signing below, the Applicant agrees that the information provided in the application is accurate to the best of their ability.

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

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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