



Lancaster County KLS Scholarship

Must be a current member of your high school's track team. Submit to address noted at the end of the application on or before **March 22nd**. No incomplete or late applications will be accepted.

I. Personal information

_____	_____	_____
First name	Middle	Last

Home mailing address		

_____	_____	_____
City	State	Zip

_____	_____	_____
Home phone	Cell phone	Email address

Parents' /guardians' names		

Parents' /guardians' occupation		

_____	_____	
Number of Children in the Family	Number in College	

II. Education Background

_____	_____	_____
High school from which you will graduate	Anticipated graduation	GPA

Have you been or are you now in any Advanced Placement Classes or dual credit courses in high school? _____ Yes _____ No

If yes, list courses _____

III. Work experience(s)

List, chronologically, your part-time and summer employment

IV. Other

List, in order to importance to you, all extra-curricular high school and community activities, including high school sports. Attach additional sheet(s) if needed.

Activity	Office (if any)	Dates
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List any other scholarships, grants, etc that you have received

V. College or Technical School you plan to attend in the fall:

VI. Criteria for Scholarship

1. Lancaster County High School senior and current member of school track team.
GPA of at least 2.5
2. Two recommendations – one from high school contact and one from community contact.
3. Typed one page essay “How Track Participation Has Impacted My Life”
4. Answer the 8 questions provided about KLS

References (other than family members)

Reference name	Phone
Reference name	Phone
Reference name	Phone

Information required with scholarship application

1. Completed application form.
2. High school transcript, including courses in progress, certified by school authorities.
3. Letter of recommendation from community person (for example, minister, employer, family friend).
4. Letter of recommendation from school person.
5. Typed one page essay.
6. Answer sheet on the eight questions about KLS.

Applicant's signature	Date
Parent's/guardian's signature	Date

Student must successfully complete the current track season to receive the scholarship. A \$500 scholarship each will be awarded to the four students who are selected.

Submit all scholarship applications and required information to Sharon Novinger at sharon@lcpartnersforyouth.org. If you'd like to submit by mail, her mailing address is Lancaster County Partners for Youth, P.O. Box 1023, Lancaster, SC 29721. Her phone number is 803-286-1465.

Interviews will be a part of the scholarship selection and will be held in mid-April prior to the meet.

KLS Questions to Answer

Please refer to the National KLS website for the questions. www.klsfoundation.org

1. What is KLS?
 - a. A sleeping disorder
 - b. A form of cancer
 - c. Mental illness
2. When KLS is present, symptoms persist for how long?
3. Individuals are not able to go to school, work or care for themselves during episodes. True or False
4. When awake, the patient's whole demeanor is changed. They often appear _____ or _____.
5. In between episodes, those diagnosed with KLS appear to be in perfect health. True or False
6. Name 2 symptoms of KLS.
7. Males are affected 3 – 4 times faster than girls. True or False
8. Where is KLS research being done?
 - a. Clemson University
 - b. USC
 - c. Stanford University