



Kit Lauer Memorial Scholarship Application

Please type or print clearly.

This application must be completed fully and delivered by 5 p.m. Friday, August 1, 2025
OR postmarked no later than Tuesday, July 29, 2025

1. Name _____ Phone _____

2. Email _____ Cell Phone _____

3. Name of School _____ School Phone _____

4. Maui Residence Address _____

Maui Mailing address _____

5. Name of parent(s) and/or legal guardian(s) _____

6. Occupation of Father/Guardian _____ Employer _____

7. Occupation of Mother/Guardian _____ Employer _____

8. List names and ages of siblings:

At home _____

In College _____

9. List at least one and not more than three College (s) to which you are applying for admission:

10. List which colleges you have been accepted to:

11. List the occupation or profession that interests you:

12. Which ones & in what years did you attend Vertical Sports Maui clinics, camps, or programs?

13. Have you ever volunteered with Vertical Sports Maui/BasketballMAUI? YES ____ NO ____

If yes, in what capacity? _____

14. How has Vertical Sports Maui/BasketballMAUI impacted you as an athlete?

15. How has Vertical Sports Maui/BasketballMAUI impacted your faith in Jesus?

16. Which collegiate sports are you pursuing?

17. List High school sports that you have competed in (must include dates).

DATES (to-from / MM-YYYY)

SPORT

18. List community volunteer clubs, church activities etc. (must include dates).

DATES (to-from / MM-YYYY)

COMMUNITY ACTIVITY

19. List any honors or awards you have received either in school or within the community:

DATE (MM-YYYY)

HONOR / AWARD

20. What jobs have you held? List dates, company name and brief job description:

DATES (to-from / MM-YYYY) TITLE

DESCRIPTION

21. Are you currently employed? NO ____ Yes____ (if YES complete a & b)

a. List the amount of earning that you contribute to your family: _____

b. List the amount of your earning that you spend for personal living expenses_____

22. How much money, if any, have you saved for your college education? _____

23. Income is a consideration in determining scholarship needs. Please check one of the following to indicate the combined income before taxes of your parent(s) or legal guardian(s). Include retirement and/or disability income, along with all other sources of income:

\$20,000-\$50,000____ \$51,000-\$75,000____ \$76,000-\$100,000_____

\$101,000-\$150,000 ____ \$151,000-\$200,000 ____ \$200,000 + _____

24. Have you received any other scholarships? If yes, please list below (Name / \$\$ value):

25. Please share any extenuating circumstances that you would like us to consider.

26. What are your career goals? (limit to 2 paragraphs).

27. Please write a PERSONAL STATEMENT (500 words or less).

Who you are; what are your interests; what does this scholarship mean to you?

28. Attach most recent high school / college transcript.

29. Attach up to three written letters of recommendation (from coaches, teachers, pastors, etc.).

Applicant Name _____ **Last 4 digits of Social Security #** _____

Applicant Signature _____ **Date** _____