



Wayne T. Day Scholarship
 515 Dover Road, Suite 2100
 Rockville, MD 20850
 Email: rmesa@jklc.com
 Fax 301-738-8875

EMPLOYEE INFORMATION

Name: _____ Business Unit: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Hire Date: _____ Job Title: _____
 Email Address: _____@_____
 Is the applicant claimed as a dependent on your income taxes? Yes No

APPLICANT INFORMATION

Name of Dependent: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Relationship to Employee: _____
 Email Address: _____@_____

COLLEGE/UNIVERSITY INFORMATION

College/University Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Point of Contact: _____ Telephone: _____
 Terms (Select One Only): Semester Quarter Trimester Other: _____
 Field of Study Enrolled In: _____
 Has the applicant been awarded other scholarships and/or grants? Yes No
 List of extra-curricular activities associated with school (e.g. sports, clubs, etc.)

 List any community activities in which you participate

*****REQUIRED ATTACHMENTS*****

- **All Applicants:** Two letters of recommendation: one from a school official and one from someone who can attest to your merits such as an employer, volunteer coordinator, community leader, etc.
- **All Applicants:** Essay explaining why the scholarship is important to the applicant and what their individual goals are following college graduation. The essay must be the applicant’s own work; typed, double spaced, maximum of two pages; and signed on the second page.
- **New Applicants:** Acceptance letter from college/university for new applicants.
- **Repeat Applicants and/or currently attending college:** Last transcript, proof of registration and status

I certify that the above information is accurate to the best of my knowledge and subject to verification. I give Kirlin permission to verify information provided on this application.

Employee’s Signature _____ Date _____

Applicant’s Signature _____ Date _____



**Promissory Agreement
Confidential**

For value received, I promise to pay to the order of The Kirlin Group, of 515 Dover Road, Suite 2100, Rockville, Maryland 20850 (hereafter referred to as "Kirlin") the principal sum equal to the collective amount of scholarship payments made to or on behalf of the scholarship recipient during the term in which the recipient fails to successfully complete enough credits to be classified as a full-time student (normally 12 semester hours); or the recipient withdraws from the college/university; or if the employee voluntarily terminates his/her employment while the term is still in session. Should any of these events occur, the scholarship will be considered in default and shall become due and payable immediately.

The Employee agrees to weekly payroll deductions of an amount that would result in the scholarship being paid off within three months. Should the employee voluntarily terminate his/her employment with Kirlin, the entire unpaid balance shall become due and payable immediately. Maker agrees that any unpaid salary earned, and accrued vacation pay may be applied against the unpaid balance.

The note is to be secured by any and all assets of the Employee. A formal security interest may be filed at any time at the discretion of Kirlin. The Employee will execute any additional documentation needed to perfect such filing.

The Employee retains the right to pre-pay part of the indebtedness evidenced hereby at any time without penalty.

The Employee hereby waives presentment (except upon payment in full), demands (except as specifically required by this note), protest and formal notice of dishonor. The Employee authorizes any attorney of record to confess judgement, to be entered by the proper official, at any time after maturity for the amount of principal and interest than due hereunder, and fifteen percent (15%) attorney's fees on said amount so confessed, and hereby waives all exceptions to the extent permitted by law.

Employee's Signature _____ Date _____

Employees Name (PRINT) _____

Applicant's Signature _____ Date _____

Applicant's Name (PRINT) _____

Photographs Release (Check One)

- I grant Kirlin, its representatives and employees the right to take photographs of me and family members in connection with the Wayne T. Day Scholarship. I authorize Kirlin to use and publish the same in print and/or electronically including intercompany website, social media, etc.

- I decline to have Kirlin take photographs of me and family members.

