

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Form Submission deadline May 31, 2025

Completeness and neatness ensure your application will be reviewed properly.

### STUDENT INFORMATION

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

Current Mailing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Email Address \_\_\_\_\_

High School Graduation Date (expected or actual): Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

### PARENT INFORMATION

Parent or Guardian Last Name \_\_\_\_\_ First \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

### CERTIFICATION AND RELEASE

Once submitted, this form becomes the property of Scholarship America. (It is recommended you keep a copy for your files.)

*By entering my name in the signature box below, I certify that the student will not use the Kohl's Cares scholarship funds to attend college this year, and that the information reported is true and accurate to the best of my knowledge. I understand that the scholarship award must be used in its entirety within two years after high school graduation.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit the form to Scholarship America, faxed or postmarked by May 31, 2025**

**Fax to: 507-931-2789 or**

**Mail all materials to:**

Kohl's Cares Scholarship Program  
Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

**Questions? Contact us:**

Email: [kohls@scholarshipamerica.org](mailto:kohls@scholarshipamerica.org)