

## **Karen DeLisle Memorial Scholarship for Journalism**

**[www.KDMSF.org](http://www.KDMSF.org)**

### Description:

This is an annual memorial scholarship in honor of Karen J. DeLisle, columnist and reporter for the *Hunterdon County Democrat*, who lost her battle against cancer in September 2004. Eligibility for the scholarship is open to trade school or college-bound high school seniors from all Hunterdon county high schools. The scholarship is awarded to a student who submits the best feature story as determined in an independent juried selection process.

### Criteria:

Student must research and write a credible human interest feature story that is suitable for publishing in a general circulation newspaper. The story should be 700-750 words in length. The student need not be pursuing journalism in college. However, the student should be planning to attend a two-year or four-year institution. Relatives of the KDMSF board members are ineligible. Payment of the scholarship will be made in the names of both the student and the college or trade school.

In order to make judging as objective as possible, stories should be identified by student identification number only. Under no circumstances should an applicant's name or byline appear anywhere on the story.

\* All interview notes (hand-written or otherwise) as well as phone numbers for all sources must be made available upon request of the Foundation.

Number of scholarships awarded: 1

Scholarship amount: \$3,000 (non-renewable) for top-rated entry; additional awards at the discretion of the Foundation.

Notification of winners will be made by e-mail to the student and school.

**Deadline: April 1**

Direct any questions to Jon DeLisle at [jdelisle@hcrhs.org](mailto:jdelisle@hcrhs.org)

**Application for the Karen DeLisle Memorial Scholarship**  
**www.KDMSF.org**

Student Identification Number: \_\_\_\_\_

Full name (first, middle, last): \_\_\_\_\_

High School: \_\_\_\_\_

Year of High School Graduation: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Home Telephone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

College /University/Trade School You Will Attend: \_\_\_\_\_

Career Aspirations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ date \_\_\_\_\_

**Instructions:**

1. E-mail your feature story (containing your student identification # only) to [kdmsforg@gmail.com](mailto:kdmsforg@gmail.com).
2. Submit this application signed and completed to Ms. Gorton.
3. **Application and story must be received by April 1, 2017.**

*Nondiscrimination Policy: Neither race, gender, ethnicity, religion, sexual orientation, nor disability will have any bearing whatsoever on the acceptance of entries or in the determination of Karen DeLisle Memorial Scholarship recipients.*