

KDMF “Nobody’s Glory . . . Everybody’s Gain” Scholarship

In Memory of Katie DeCubellis

2026

The Katie DeCubellis Memorial Foundation is a local non-profit organization established in the memory of Katie DeCubellis, a 13-year old Narragansett student killed by a drunk driver on October 29, 1999. The KDMF seeks to help others and to make our community a better place in which to live. In so doing, the KDMF annually provides a variety of scholarships to high school seniors about to further their education in a technical program or in a two- or four-year college program.

KDMF “Nobody’s Glory ... Everybody’s Gain” Scholarships in the amount of \$1,000 are awarded annually to two (2) Senior students in Rhode Island who best exemplify a positive attitude and commitment to their school community to be “that” person who always steps up and gets the job done, while also maintaining good academic standing! Whether it’s organizing your school dance, selling those raffle tickets, and generally assisting whenever and wherever you are needed. No job too small! Is your school a better place because of your efforts? If so, we want your application.

Please complete the attached application and **return to your high school guidance office NO LATER THAN APRIL 3, 2026. Applications may also be submitted as PDF attachments via email through www.kdmf.org.** **Late applications will not be accepted.**

Please provide the following:

1. “Nobody’s Glory . . . Everybody’s Gain” Scholarship Application.
2. High school transcript.
3. Testimonial from a teacher, staff member, or administrator.
4. Essay describing what you do and telling is why you are “that” person.
5. **All sections of the application must be completed in order for the application to be considered.**

PLEASE DO NOT USE STAPLES WITH THE APPLICATION DOCUMENTS

*All information provided is confidential and for the exclusive use of the
Katie DeCubellis Memorial Foundation Scholarship Committee.*

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Name: _____

Address: _____

Home/Cell Phone: _____

E-Mail Address: _____

High School: _____

Father’s Occupation: _____

Annual Salary: _____

Mother’s Occupation: _____

Annual Salary: _____

Number of children in family in college: _____

College/School you will be attending in the fall: _____

Tuition and Fees: _____

Room and Board: _____

Post Graduate Plans: _____

Student’s Signature: _____

Parent’s Signature: _____

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PERMISSION FOR USE/RELEASE

For good and valuable consideration, the receipt of which is hereby acknowledged, the Katie DeCubellis Memorial Foundation (“KDMF”), its legal representatives, successors and assigns, and all persons or business entities acting with its permission or upon its authority, and all persons or business entities for whom it is acting including, but not limited to, its public relations firm and any print or audio or visual media (newspapers, television, radio, etc.) is and are hereby authorized to take photographs (still or moving) of me, or in which I may be included, and to publish same for any lawful purpose.

I also grant unrestricted permission to the KDMF, and to the persons or business entities referenced above, to use, display, or publish my name, my school and grade, my hometown, and any other information relating to the scholarship I have been awarded.

I release and agree to hold harmless the KDMF and the above-referenced persons and business entities from any liability by virtue of any use whatsoever, whether intentional or otherwise, that may occur or be produced in the taking of the above-referenced photographs or the publishing of the information referenced herein.

_____	_____	_____
Witness	Signature	Date

	Printed Name	

	Address	
_____	_____	_____
Witness	Parent or Guardian	Date

	Printed Name	