

KDMF “Victim Relief” 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.

The KDMF awards one annual “Katie DeCubellis Victim Relief Scholarship” in the amount of \$1,000 to a Senior high school student in Rhode Island who best exemplifies the strength, courage and commitment to triumph over the physical, emotional and/or financial tragedy resulting from an impaired driver.

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 information:

1. Katie DeCubellis Memorial Foundation Scholarship Application.
2. Have a Sponsor complete the appropriate section of the Application. The Sponsor may also submit an additional letter of recommendation in support of your Application.
3. **Essay:** *Submit an essay expressing how you have been physically, emotionally and/or financially affected by a crash involving an impaired driver .*
4. **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.

***KDMF VICTIM RELIEF SCHOLARSHIP
APPLICATION
In Memory of Katie DeCubellis***

2026

GENERAL INFORMATION

NAME: _____

ADDRESS: _____

HOME/CELL PHONE: _____

E-MAIL ADDRESS: _____

HIGH SCHOOL ATTENDED: _____

YEAR OF GRADUATION: _____

SCHOOL YOU WILL BE ATTENDING IN SEPTEMBER: _____

PLEASE LIST ANY SCHOLARSHIPS OR GRANTS THAT YOU HAVE BEEN AWARDED:

ESSAY QUESTION

PLEASE ATTACH AN ESSAY EXPRESSING HOW YOU HAVE BEEN PHYSICALLY, EMOTIONALLY AND/OR FINANCIALLY AFFECTED BY A CRASH INVOLVING AN IMPAIRED DRIVER.

THIS SECTION TO BE COMPLETED BY YOUR SPONSOR

WHO IS RATING THE STUDENT? _____

RELATIONSHIP: _____

LENGTH OF RELATIONSHIP: _____

WHAT IS YOUR GENERAL EVALUATION OF THIS STUDENT?

WHY DO YOU THINK THIS CANDIDATE SHOULD BE RECOGNIZED?

OTHER COMMENTS: _____

SIGNATURE: _____

SIGNATURES

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE (if under 18): _____

PLEASE DO NOT USE STAPLES WITH THE APPLICATION DOCUMENTS

***KATIE DECUBELLIS VICTIM RELIEF SCHOLARSHIP
APPLICATION***

In Memory of Katie DeCubellis

2026

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