



## INTERIOR DESIGN SCHOLARSHIP

### WHO IS ELIGIBLE

CURRENT OVIEDO AND LAKE BRANTLEY HIGH SCHOOL SENIORS WHO ARE GRADUATING IN MAY OF 2025.

STUDENT APPLICANTS MUST BE STARTING THEIR POST SECONDARY EDUCATION IN SUMMER OR FALL OF 2025 AND BE ACCEPTED AT A 2- OR 4-YEAR UNIVERSITY OR COLLEGE TO PURSUE A DEGREE IN INTERIOR DESIGN, ARCHITECTURE OR A RELATED FIELD.

STUDENT APPLICANTS MUST POSSESS A MINIMUM OF A 3.25 OVERALL GPA AND HAVE TAKEN (OR ARE CURRENTLY TAKING) LEAST ONE YEAR OF INTERIOR DESIGN EDUCATION AT OVIEDO HIGH SCHOOL OR LAKE BRANTLEY HIGH SCHOOL.

### AWARD AMOUNT

THE SCHOLARSHIP AWARD AMOUNT IS \$1500. THE SCHOLARSHIP IS A ONE-TIME AWARD THAT WILL BE PAID DIRECTLY FROM KBF DESIGN GALLERY TO THE SCHOLARSHIP RECIPIENT FOR THE FALL 2025 SEMESTER.

### HOW TO APPLY

EACH STUDENT APPLICANT MUST SUBMIT THE FOLLOWING:

- 1) THE COMPLETED APPLICATION COVER SHEET (SEE PAGE 2 OF THIS DOCUMENT)
- 2) A 200 TO 400 (MAXIMUM) WORD ESSAY THAT EXPLAINS WHAT YOU LOVE ABOUT INTERIOR DESIGN AND/OR WHY YOU HAVE CHOSEN TO PURSUE AN EDUCATION AND CAREER IN INTERIOR DESIGN
- 3) ONE LETTER OF RECOMMENDATION FROM AN ADMINISTRATOR, COACH, OR TEACHER
- 4) AN OFFICIAL COPY OF YOUR HIGH SCHOOL TRANSCRIPT REFLECTING YOUR GRADES THROUGH THE FIRST SEMESTER OF THE SENIOR YEAR
- 5) A COPY OF YOUR OFFICIAL ACCEPTANCE LETTER FROM THE POST-SECONDARY INSTITUTION YOU WILL BE ATTENDING (APPLICATIONS WILL BE ACCEPTED WITHOUT THIS IF IT IS NOT YET AVAILABLE)

ALL DOCUMENTATION MUST BE SUBMITTED ON OR BEFORE **MARCH 28, 2025**.

ALL APPLICATIONS AND DOCUMENTS MUST BE EMAILED TO: [INFO@KBFDESIGNGALLERY.COM](mailto:INFO@KBFDESIGNGALLERY.COM)  
PLEASE USE THE SUBJECT LINE "SCHOLARSHIP APPLICATION" IN YOUR EMAIL.

### APPLICATION REVIEW AND SELECTION PROCESS

ALL APPLICATIONS WILL BE REVIEWED BY THE SCHOLARSHIP COMMITTEE.

THE RECIPIENT OF THE KBF DESIGN GALLERY INTERIOR DESIGN SCHOLARSHIP WILL BE ANNOUNCED IN MAY OF 2025..



INTERIOR DESIGN SCHOLARSHIP  
APPLICATION COVER SHEET

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FIRST NAME

LAST NAME

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ADDRESS

CITY

STATE

ZIP

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TELEPHONE

NAME OF PARENT(S)/OR GUARDIAN(S)

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NAME OF COLLEGE OR UNIVERSITY YOU WILL BE ATTENDING

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SEMESTER YOU WILL START AT THE COLLEGE OR UNIVERSITY (SUMMER OR FALL 2025)

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NAME OF HIGH SCHOOL

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NAME OF HIGH SCHOOL GUIDANCE COUNSELOR