



 Instruction Sheet

Purpose: To provide scholarships to deserving students enrolled in or accepted into post-high school courses of study at accredited colleges, universities or other post-secondary education institutions.

Award Components: Winning applicants will be selected by the WOD Scholarship Committee for awards of \$250.00 USD.

Eligibility Criteria:

1. Applicant must be a Georgia resident.
2. Applicant must be currently enrolled in a Georgia post-secondary study program (2-year or 4-year college, university, proprietary school or technical college) **OR** accepted into a post-secondary program of study **OR** a graduating high school senior with evidence of acceptance into a post-secondary institution.
3. Applicant must demonstrate a positive altruistic character and commitment to community involvement determined through letters of recommendation.

Application Process:

Applicant must submit the following items in one (1) package to the address below.

1. Completed application form (if handwritten, please print legibly)
2. Completed essays
3. Two (2) letters of recommendation
 - a. One letter of recommendation **MUST** be an academic reference from an instructor, teacher, or counselor with significant knowledge of applicant's scholastic ability.
 - b. One letter of recommendation **MUST** be a character reference from a non-family member, clergy, employer, or individual with significant knowledge of applicant's work ethic, interpersonal skills and behavioral experiences.
4. Copy of recent academic transcript (may be unofficial)
5. Copy of acceptance letter or admissions certification to an eligible post-secondary study program (2-year or 4-year college, university, proprietary school or technical college)
6. Copy of current photo ID (driver's license, State issued ID, school ID, passport, etc)

Application Guidelines

1. **DEADLINE** for scholarship application package submission - Friday, March 25, 2011 (no exceptions).
2. Incomplete or illegible applications will not be considered.
3. If any question does not apply to you in this application please put **N/A** in the space; do not leave any sections blank.
4. Type or print legibly. Illegible applications will be discarded. You may download additional copies of the application online at www.wodatlanta.org
5. You will be notified by e-mail or phone regarding the receipt and status of your application. Please be patient.

NOTE: Scholarship funds will be awarded to the student after final verification of enrollment in an accredited post-secondary institution program.

Deadline for the application is **Friday, March 25, 2011**. Applications postmarked after this date will not be considered. Submit all items in one package to the address below:

WOD Scholarship Program ATTN: JoAnn Smartt-Gaither, Ph.D.
P.O. Box 883 Acworth, GA 30101-0883



Please complete all sections of the application.
Refer to the instruction sheet for additional assistance.
The deadline for submission is Friday, March 25, 2011.

SECTION 1 – PERSONAL INFORMATION PLEASE PRINT

Last Name: _____	
First Name: _____	Middle Initial : _____
Age: _____	Date of Birth: ____/____/____
Last 4 digits of Social Security Number: ____ _ _ _ _	
Street Address: _____	
City: _____ State: _____ Zip: _____	
Phone Number: _____	Alternative Phone: _____
Email Address or Social Network Address: _____	
Name of parent(s) or legal guardian(s): _____	
Street Address: _____	
City: _____ State: _____ ZIP: _____	
Phone of parents or legal guardians: _____	

SECTION 2 – ACADEMIC INFORMATION

- I am currently a high school senior
Name of School _____ Graduation Date __/__/____
- I am currently enrolled in a post-secondary institution
Name of School _____
Major or Course of Study _____
 I take on-line courses I take face-to-face courses I take both on-line and face-to-face courses
- Other – (explain– use back of sheet as needed): _____

SECTION 3 –ACTIVITIES AND INTERESTS

A. List and briefly describe your extracurricular activities (e.g. memberships in organizations, sports, etc.):

Organization or Activity	Sponsor's Name	Dates of Involvement	Brief description of your responsibilities:

B. List and briefly describe volunteer activities in which you have been involved:

Organization or Activity	Brief description of how you participated:	Date of Involvement

C. List honors or academic awards you have received (e.g. scholarly activities, research, etc.):

Award/Honor	Institution/Organization	Date

Applicant Name _____

D. List and briefly describe any work experience:

Employer	Your Position and Brief description of your work responsibilities:	Dates of Employment

SECTION 4 – SHORT ESSAYS – MUST BE TYPEWRITTEN - PLACE EACH RESPONSE ON A SEPARATE SHEET

It is VERY important to be precise and follow these guidelines. **Maximum word count: 150 per question.** Use a separate sheet for each response. Type the question at the top of the sheet. Be sure to include your name on each sheet.

Some scholarships are based solely on the high academic performance of the applicant. The WOD scholarship is not based solely on grades – it is a need-based scholarship designed to assist students reach personal goals.

- A. Describe your academic goals and why you qualify to be a recipient of this award.
- B. Why is education important for your future and how will a scholarship impact your plans?
- C. Describe how you have made a positive difference within your community, school, church, family, etc.?

SECTION 5 – STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the WOD Scholarship Program.

I hereby understand that if chosen as a scholarship recipient, according to WOD Scholarship Program guidelines, proof of evidence of enrollment/registration at the post-secondary institution must be verified before scholarship funds will be awarded.

Printed Name of Applicant : _____

Signature of Applicant: _____

Date: _____



Scholarship Academic Reference

Thank you for your assistance in helping the selection committee learn more about the applicant and his/her qualifications. Please complete the following form as thoroughly as possible. Sign and date at the bottom; seal in an envelope and sign across the envelope flap. Return the sealed and signed envelope to the applicant, who must submit this document along with other documents in a complete package before Friday, March 25, 2011; so your expedience is appreciated.

PLEASE PRINT

Applicant's Name _____

Reference's Name _____

Title or Affiliation _____

Phone Number _____ Email _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

List three words which describe the applicant's scholastic ability:

List three of the applicant's strongest academic skills:

Describe how continued educational opportunities could impact the life of this applicant. Please include any additional information you feel would assist the committee in its decision. Use additional sheets as needed.

Signature

Date



Scholarship Character Reference

Thank you for your assistance in helping the selection committee learn more about the applicant and his/her qualifications. Please complete the following form as thoroughly as possible. Sign and date at the bottom; seal in an envelope and sign across the envelope flap. Return the sealed and signed envelope to the applicant, who must submit this document along with other documents in a complete package before Friday, March 25, 2011; so your expedience is appreciated.

PLEASE PRINT

Applicant's Name _____

Reference's Name _____

Title or Affiliation _____

Phone Number _____ Email _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

List three words which describe the applicant's character:

List three of the applicant's strongest personality traits when interacting with others:

Describe how the applicant responds to criticism and correction:

Describe why you agreed to submit this letter of recommendation on the applicant's behalf. Please include any additional information you feel would assist the committee in its decision. Use additional sheets as needed.

Signature

Date