## **Scholarship Application**



### **Instruction Sheet**

<u>Purpose:</u> 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.

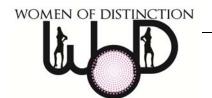
NOTE: Scholarship funds will be awarded to the student after final verification of enrollment in an accredited post-secondary institution program.

**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

# **Scholarship Application**



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:	
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	
	courses

Applicant Name		

## Section 3 –Activities and Interests

Organization or Activity	Sponsor's Name	Dates of		ganizations, sports, etc. of your responsibilities:
,		Involvement	·	, ,
. List and briefly describe	e volunteer activities	in which you ha	ve been involved:	
rganization or Activity	Brief descript	tion of how you p	articipated:	Date of Involvement
C. List honors or academ	ic awards you have r	eceived (e.g. sch	olarly activities, re-	search, etc.):
List Horiots of doddern	io arrai as you nave i	cocirca (c.g. scii	orarry decreases, re-	search, etc.,.
ward/Honor	Institution	Institution/Organization Date		

Applicant Name					
D. List and briefly describe any work experience:					
Employer	Your Position and Brief description of your work	Dates of Employment			
	responsibilities:	, ,			
	Essays – must be typewritten - Place each resp				
	be precise and follow these guidelines. Maximum word				
sheet.	n response. Type the question at the top of the sheet. B	e sure to include your name on each			
	based solely on the high academic performance of the a	pplicant. The WOD scholarship is not			
	- it is a need-based scholarship designed to assist stude				
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.?					
e. Describe now you have made a positive difference within your community, school, charen, 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 Applic	cant :				
Signature of Applicant:					



# **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:
·	ties could impact the life of this applicant. Please include any committee in its decision. Use additional sheets as needed.
Signature	 



# **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?		<del></del>
In what capacity have you known the applicant	?	
List three words which describe the applicant's	character:	
List three of the applicant's strongest personali	ty traits when interacting with others:	
Describe how the applicant responds to criticism	m and correction:	
Describe why you agreed to submit this letter o additional information you feel would assist the	· · · · · · · · · · · · · · · · · · ·	-
Signature		Date