

Applicant's Name: _____



The Make A Difference Foundation, Inc.
Charlotte Lemons Annual Student Scholarship (C.L.A.S.S.) Award

Application Information

AWARD AMOUNT: \$1000

ELIGIBILITY CRITERIA

To be considered for this scholarship, the candidate must:

- Be a United States Citizen
- Be a graduating high school senior (*applicant must anticipate graduating from high school in the Spring of 2012*)
- Have a financial need
- Have a cumulative overall GPA of 2.5 or better
- Provide a copy of the SAT or ACT score report with the application
- Submit an official high school transcript
- Submit a 1-2 page essay on the topic provided
- Provide a brief personal statement of their financial need
- Submit one letter of recommendation from a teacher, counselor, or organization leader (pastor, employer, etc.)

** Any false statement or misrepresentation will be cause for denial and/or re-payment of the scholarship. Student will not be eligible for future awards **

ESSAY TOPIC

A 1-2 page essay on the topic "Making A Difference In My Community", in which the applicant identifies a need in his/her neighborhood and describes a plan to address that need. **The essay must be typed, single-spaced, and in 12-point font.**

SELECTION CRITERIA

The documents requested in the Application Checklist will be reviewed by the Scholarship Selection Committee. In reaching their decision, the Committee will consider the content and completeness of the application; the applicant's response to the essay question, interests, and accomplishments as reflected on their application; the applicant's personal statement of financial need; the letter of recommendation; and educational goals. Finalist may be required to participate in a phone interview with the full Scholarship Selection Committee; notification of the interview will be sent via the e-mail address provided in this application at least one week prior to final selection. If the applicant is selected as a scholarship recipient, a signed statement affirming these conditions will be required prior to payment being made.

Applicant's Name: _____

NOTIFICATION OF AWARD

The recipient(s) of this scholarship will be notified on or around **Monday April 16, 2012**. Once the recipient has been accepted to a college, university, or technical school, a copy of the acceptance letter should be forwarded to the Make A Difference Foundation, Inc. office. The award will then be forwarded directly to the Financial Aid representative at that institution. Scholarship funds have to be used within one academic school year following the awarding of the scholarship. All scholarship recipients are requested to attend the Make A Difference Foundation, Inc. Annual Scholarship Awards Dinner, where they will be officially recognized for their achievement. The event date and time TBA (*Hotel stay will be provided for all out of town recipients and their parents or legal guardians*).

APPLICATION DEADLINE AND PROCEDURES

Please indicate your intent to apply for this scholarship by sending an email to classaward@madf.org.

- The subject line should read: "CLASS - Intent to Apply".
- Include:
 - ✓ Your name
 - ✓ Mailing address
 - ✓ Evening phone
 - ✓ High School

We will use e-mail to send a reminder about the application deadline and to confirm the receipt of your application. **If you do not have an e-mail address**, please notify us of your intent to apply by calling 1-888-700-5654 and leaving the information requested above.

To be considered for the 2012 C.L.A.S.S. Award, the entire application package **MUST** be received by the MADF office **no later than Thursday March 15, 2012**. *IMPORTANT: You will not be considered for this award if ALL application materials and supporting documents are not contained together in one package and received at the MADF office by March 15, 2012.*

Return completed application with all required materials to:

Preferred Method (online submission)	Scholarship Selection Committee Submit all application material via the MADF website by clicking Submit Application under the Scholarship Page of the MADF website.
Secondary Method (traditional mail)	Scholarship Selection Committee Make A Difference Foundation, Inc. Post Office Box 1941 Suwanee, GA 30024-0875

For questions or concerns, call 1-888-700-5654 or send an email to classaward@madf.org.

Applicant's Name: _____



The Make A Difference Foundation, Inc.
C.L.A.S.S. Award Application

_____ *I will have graduated high school by June 2012 and will be a first time freshman in the Fall of 2012. If yes, please type or print legibly the following information:*

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
-------------------	-----------	------------------

<i>Home Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
---------------------	-------------	--------------	------------

<i>Phone (1)</i>	<i>Phone (2)</i>	<i>Date of Birth</i>	<i>Male/Female</i>
------------------	------------------	----------------------	--------------------

E-mail

Cumulative Grade Point Average (GPA): _____

Activities: List your extra-curricular school and community activities. (Example: student government, athletics, orchestra, clubs, church participation, offices held, awards, etc.)

Extra-Curricular Activities	Date(s) of Participation	Your role(s), position, and honors
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Community Service:	Date(s) of Participation	Your role(s), position, and honors
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Name: _____

Awards/Recognitions:

Date(s)

Participation

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Work Experience/
Position**

**Date(s)
of Employment**

Job Description

_____	_____	_____
_____	_____	_____
_____	_____	_____

Education Plans:

To which college or university do you plan to attend or apply?

Indicate the degree/discipline you intend to pursue: _____

Briefly give your educational plans, future goals, and areas of interest.

Applicant's Name: _____

Applicant Recommendation

Applicant Release

For completion by the Applicant: An originally signed copy of this release must accompany the Letter of Recommendation submitted in the application package.

I, _____, hereby authorize the person writing this
(Applicant's name)

Letter of Recommendation (_____) to release any
(Name of Recommender)

and all information called for on this form to the CLASS Award Program.

Applicant Signature

Date

=====

Name of Recommender: _____

Title: _____ Organization: _____

Address: _____

Phone: _____ Email: _____

For consideration by the person submitting a Letter of Recommendation on behalf of the Applicant:

The Make A Difference Foundation C.L.A.S.S Program awards need-based scholarships to graduating high school seniors. The student whose name appears above is applying for this scholarship. The Selection Committee would appreciate your help as they consider his/her application. In your Letter of Recommendation, please respond to the questions that follow as fully as you can:

1. How long have you known the applicant and in what capacity?
2. What are the applicant's strengths and special talents?

*Your recommendation letter should be on letterhead, signed, and sealed. Please return your letter to the student so that it can be included in his/her application package. **Do not send your recommendation letter directly to the Make A Difference Foundation, Inc.***

Applicant's Name: _____

Application Checklist

The following materials must be included in your application package:

- Your completed application form, signed by a parent or guardian.
- Your completed 1-2 page essay
- Your official high school transcript
- A copy of your SAT or ACT scores Date Taken: _____
- Your brief statement of your financial need
- One letter of recommendation from a teacher, counselor, or organization leader (Pastor, employer, etc.). Be sure to attach the Applicant Release to your Letter of Recommendation.

Your signature below indicates that all of the above materials are included in your application. **Incomplete applications will not be considered.**

Applicant Signature

Date

Verification of Application

I, the undersigned, have read and understand the conditions of this application; the information contained and included within is true, complete, and correct; and to the best of my knowledge and belief, I am eligible to receive this Scholarship as defined by the Charlotte Lemons Annual Student Scholarship Program of the Make A Difference Foundation, Inc.

Applicant Signature

Date

Parent Signature

Date