

**Feakins Foundation**  
**Previously awarded recipient Application Form**

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The Feakins Foundation (the “Foundation”) administers a scholarship grant program for highly motivated DREAMers to continue their education at one of the Foundation’s Recommended Colleges. Scholarships are available for tuition only. The Foundation has established the following application pursuant to which scholarships will be awarded.

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**The Foundation will award scholarships based on the following criteria:**

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1. Applicant must have graduated from high school or earned a GED diploma;
2. Applicant must demonstrate academic achievement:
  - a. If the applicant is applying before having completed a college semester, then the applicant must have earned a high school un-weighted GPA of 2.5 on a 4.0 scale (or an equivalent GED score).
  - b. If the applicant is applying after having completed a college semester, then the applicant must have earned at least an overall 2.5 grade point average or equivalent “passing” grade in all completed semesters of post-secondary education;
3. Applicant must be enrolled or intend to enroll in one of the Foundation’s Recommended Colleges in a minimum of 6 credits per semester. Please see website for more details
4. Applicant must have arrived in the United States before age 16;
5. **Government approval for DACA will no longer be required.** Applicant must be eligible for the U.S. Department of Homeland Security’s Deferred Action for Childhood Arrivals (“DACA”) program [under these guidelines](#).
6. Applicant must demonstrate financial need.
7. Applicant must be a resident of Lancaster County, PA

Scholarships will be awarded on a semester-by-semester basis, and applicants are encouraged to reapply for subsequent semesters if the applicant continues to meet the criteria described above.

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The application and the required attachments must be completed and postmarked on or before **June 1<sup>st</sup>** (if applying for a scholarship to be used in a fall semester) or **November 1<sup>st</sup>** (if applying for a scholarship to be used in a spring semester). Incomplete applications will not be considered.

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The applications will be reviewed by the Foundation’s selection committee and successful applicants will be notified by mail no later than August 1<sup>st</sup> (if applying for a scholarship to be used in a fall semester) or January 7<sup>th</sup> (if applying for a scholarship to be used in a spring semester).

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Name: \_\_\_\_\_

Social Security Number or Student ID Number (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

In the last months, have you ever been placed on probation, dismissed, or suspended from any college or university for reasons pertaining to academic integrity or a code of conduct violation? YES/ NO

If you have ever been convicted of, or pled guilty or no contest to any felony or misdemeanor (excluding minor traffic violations) provide further information on a separate sheet of paper (500 words limit). The information you share will be kept confidential.

1. What was the charge? Explain the circumstances. (If there are multiple incidents/charges, each should be disclosed and explained.)
2. What was the consequence/punishment?
3. What was the time frame?
4. What did you learn from the experience?

Are you applying for a scholarship for Fall or Spring semester? Fall / Spring

Recommended College you will attend:

Millersville University

Harrisburg Area Community College

Thaddeus Stevens College of Technology

College Major: \_\_\_\_\_

College Entrance Date: \_\_\_\_\_ Full-Time / Part-Time

Credits Per Semester: \_\_\_\_\_

College Contact: \_\_\_\_\_

College Contact Telephone: (\_\_\_\_\_) \_\_\_\_\_

College Contact Email: \_\_\_\_\_

**Additional Required Information for returning recipients**

1. Attach an updated list of community involvement or service, sports, or other extracurricular activities.
2. Please answer one of the following essay questions in 500-700 words:
  - a. Describe in detail how this award has helped you pursue your education, how you have

- a. DESCRIBE in detail how this award has helped you pursue your education, how you have grown this semester, and how your work has advanced the mission of the Feakins Foundation.
- b. How would you use your degree to the betterment of your family, local community and personal growth?
- c. How has your family background affected the way you see the world?
- d. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?

3. Official Transcripts:

- a. If you are applying for a scholarship before having completed one semester of college, please attach an official high school or GED transcript.
- b. If you are applying for a scholarship after having completed one semester of college, please attach an official college transcript.

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**Feakins Foundation Scholarship Fund Application Form**

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**Financial Information**

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Name: \_\_\_\_\_

Estimated Total College Cost for Upcoming Semester: \_\_\_\_\_

Please provide a breakdown of your estimated college costs:

Estimated Cost of Tuition: \_\_\_\_\_

Estimated Cost of Books: \_\_\_\_\_

Estimated Cost of Supplies: \_\_\_\_\_

Estimated Cost of Housing: \_\_\_\_\_

Estimated Cost of Other Expenses (Please Explain): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Note: The breakdown of estimated college costs should total your "Estimated Total College Cost for Upcoming Semester."*

College Financial Aid Officer (include name, telephone, and email): \_\_\_\_\_

\_\_\_\_\_

**Estimated Income Sources for College Costs**

What is your estimated income for the current year? \_\_\_\_\_

Will your parents help you pay for school?            Yes / No

If yes, what is your parents' estimated income? \_\_\_\_\_

Have you previously applied for a scholarship from the Feakins Foundation? Yes / No

If you previously applied for a scholarship from the Feakins Foundation, did you receive a scholarship? Yes / No

Amount of Scholarship Requested: \_\_\_\_\_

Have you been awarded any other scholarships or grants for the upcoming semester? Yes / No

If yes, how much in scholarships have you been awarded: \_\_\_\_\_

**AGREEMENT AND VERIFICATION**

I understand that the Foundation is required to keep adequate records and case histories to demonstrate that its scholarships serve its charitable purposes. I hereby agree that if I am awarded a scholarship I will comply with all reasonable follow up requests received by me from the Foundation and will provide any additional information that is requested of me.

Furthermore, I hereby certify that all information on this form is true to the best of my knowledge and I promise to notify the Foundation of any changes. I understand that all decisions made are final and not subject to review or appeal. I further understand that any information provided in this form may be shared with selection committee members or with the Foundation's Board of Directors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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**ADDITIONAL REQUIRED DOCUMENTS**

**1. ADDITIONAL INFORMATION RESPONSES (INCLUDING ESSAY)**

Your responses must be typed, double-spaced and signed. \_\_\_\_\_

**2. TRANSCRIPT**

An official high school transcript or college transcript (if applicable) must be submitted with this application. \_\_\_\_\_

**Feakins Foundation Scholarship Fund Application Form Checklist**

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- Signed application form \_\_\_\_\_
- Completed Additional Information Responses (including essay) \_\_\_\_\_  
(see Application Page #3)
- Official Transcripts \_\_\_\_\_

Please mail complete application materials in one 9 x 12 envelope to:

**Feakins Foundation**  
**311 Winding Hill Drive**

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INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

MUST BE POSTMARKED BY:

JUNE 1<sup>ST</sup> (if applying for scholarship to be used in a fall semester)

NOVEMBER 1<sup>ST</sup> (if applying for scholarship to be used in a spring semester)