

**Feakins Foundation**  
**New Student Scholarship Application Form**

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, fees, books, tools and other eligible educational expenses. The Foundation has established the following application pursuant to which scholarships will be awarded.

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

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.

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.

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).

**Feakins Foundation Scholarship Fund Application Form**  
**Student Background Information**

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

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

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

\_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of entry into the United States: \_\_\_\_\_

Have you continuously lived in the United States for the last five years: Yes / No

Have you received approval under the United States Department of Homeland Security's DACA or TPS programs? Yes / No

Have you met the application requirements for DACA? Yes / No

If yes, please select which program under which you have received approval: DACA /TPS

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?

High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

High School Contact: \_\_\_\_\_

High School Contact Phone: (\_\_\_\_\_) \_\_\_\_\_

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**

1. Attach list of community involvement or service, sports, or other extracurricular activities.
2. Attach a statement of educational and career plans.
3. Attach answer to ONE of the following essay questions (between 400-700 words per essay).
  - a. What does obtaining a college education in the United States mean to you and why?

OR

- b. Describe an event that has occurred in your life that has helped to shape you into the person you are today.
4. Attach two letters of recommendation (first time applicants only).
5. 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.
6. Attach a photo of yourself and a short biography to be published on the Foundation's website.

**Feakins Foundation Scholarship Fund Application Form**  
**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: \_\_\_\_\_

**Photograph and Biography Release Form**

I hereby give the Feakins Foundation (the "Foundation"), its legal representatives and assigns, or those acting with its authority or permission, the absolute right and permission to copyright and/or use, re-use and/or publish, or republish photographic pictures of me or the personal biography written by me and submitted with this scholarship application, without payment or any other consideration. The authorization herein granted to the Foundation shall apply to any form of media utilized by the Foundation, including but not limited to the internet or elsewhere, for art, advertising, trade, or any other lawful purpose whatsoever. I hereby hold harmless and release and forever discharge the Foundation, its legal representatives or assigns, and all persons acting under its permission or authority, from all claims, demands, and causes of action which I have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

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

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

**RELEASE FOR MINOR CHILDREN (Under 18 years of age)**

If the scholarship applicant is under the age of 18, there must be consent by a parent or guardian as follows:

I hereby certify that I am the parent or official guardian of:

*(print child's name)* \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

## **Feakins Foundation Scholarship Fund Application Form**

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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.

3. **LETTERS OF RECOMMENDATIONS**

First-time applicants must submit two letters of recommendation with this application. Letters can be from any adult who has worked with the applicant in a supervisory capacity, including teachers, employers, community leaders, etc.

### **Feakins Foundation Scholarship Fund Application Form Checklist**

- Signed application form
- Signed photography and biography release form
- Completed Additional Information Responses (including essay)  
(see Application Page #3)
- 2 Letters of Recommendation
- Official Transcripts
- Residency proof

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

**Feakins Foundation  
311 Winding Hill Drive  
Lancaster, PA 17601**

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)