Feakins Foundation Returning Student Application Form

The Feakins Foundation (the "Foundation") administers a scholarship grant program for highly motivated immigrant students to continue their education. Scholarships are available for tuition only. The Foundation has established the following requirements and application for students who wish to be considered.

The Foundation will award scholarships to students who meet the following requirements:

- 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 <u>before</u> 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 <u>after</u> 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 an accredited college, university, trade school, or vocational program with a minimum of 6 credits per semester.
- 4. Applicant must demonstrate financial need.
- 5. Applicant must be a resident of Lancaster County, PA
- 6. Additionally, the following eligibility criteria will be added to the scholarship application.
 - a. The applicant has NO permanent lawful status in the United States (ex. DACA, TPS, Undocumented, etc.)
 - b. The applicant does not have a student visa (ex. F or J).
 - c. The applicant must be enrolled or graduated from high school or have a GED.
 - d. The applicant has not been convicted of a felony or a significant misdemeanor.
- 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 1st (if applying for a scholarship to be used in a fall semester) or November 1st (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 1st (if applying for a scholarship to be used in a fall semester) or January 7th (if applying for a scholarship to be used in a spring semester)

The Foundation takes the following criteria into consideration when awarding recipients:

- a. Financial need
- b. Prior academic performance
- c. Community and school involvement
- d. Personal essay
- e. Career goals
- f. Supporting documentation

Feakins Foundation Scholarship Fund Application Form Student Background Information

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 graduated High School or alternatively, on track to grad	uate this year? Yes	No
Is your GPA 2.5 or higher? If no, explain on a separate page. Do yo	ou have lawful Yes	No
immigration status in the United States?	Yes	No
Haveyoueverbeenplacedonprobation, dismissed, or suspended from university for reasons pertaining to academic integrity or a code of violation?		No
Have you ever been convicted of, or pled guilty or no contest to misdemeanor? (excluding minor traffic violations) If yes, provid information on a separate page (500 words limit). The informati be kept confidential.	de further	No
a. What was the charge? Explain the circumstances. (If ther incidents/charges, each should be disclosed and explaineb. What was the consequence/punishment?c. What was the time frame?d. What did you learn from the experience?	re are multiple cd.)	

High School:	-
Graduation Date:	
High School Contact:	-
High School Contact Phone: ()	
Name of accredited higher education institution you plan to attend:	
Are you applying for a scholarship for Fall or Spring semester? Fall	Spring
College Major:	
College Entrance Date:	
Full-Time Part-Time	
Credits Per Semester:	
College Contact:	_
College Contact Telephone: ()	
College Contact Email:	-

Feakins Foundation Scholarship Fund Application Form Financial Information

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 To Upcoming Semester."	otal College C	Cost for
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:

Additional Required Information

- 1. Attach an updated list of community involvement or service, sports, or other extracurricular activities.
- 2. Please answer <u>one</u> 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 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.
- 4. Please attach a photo of yourself and a short biography to be published on the Foundation's website. This photo can be anonymous if you prefer.

Photograph and Biography Release Form

(optional)

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 (Un	der 18 years o	of age)	
If the scholarship applicant is under the age of	18, there mus	t be consent by a parent of	r guardian as follows:
I hereby certify that I am the parent or official	l guardian of:		
(<i>print child's name</i>) consent without reservation to the foregoing of			nd do hereby give my
Parent/Guardian Signature:		Date:	
Parent/Guardian Printed Name:			
I would like photographs to be anonymous:	Yes	No	
Please do not use my photographs:	Yes	No	

- 1. ANY 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.
- 4. PROOF OF ADDRESS: Please provide one piece of documentation to confirm you are a Lancaster County resident. (ID, mail, diploma from local high school etc.)

Feakins Foundation Scholarship Fund Application Form Checklist

- ✓ Signed application form
- ✓ Signed photography and biography release form
- ✓ Completed Additional Information Responses, including your essay (see Application Page 6)
- ✓ Official Transcripts

Submission Instructions

E-MAIL: Please e-mail complete application to nadina@feakinsfoundation.org

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

Feakins Foundation 23 Warwick Road Lititz, PA 17543

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

MUST BE POSTMARKED BY: JUNE 1ST (if applying for scholarship to be used in a fall semester) NOVEMBER 1ST (if applying for scholarship to be used in a spring semester)