

**Feakins Foundation**  
**New 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 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 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 graduate this year?      Yes      No

Is your GPA 2.5 or higher? If no, explain on a separate page.      Yes      No

Do you have lawful immigration status in the United States?      Yes      No

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

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

- a. What was the charge? Explain the circumstances. (If there are multiple incidents/charges, each should be disclosed and explained.)
- b. What was the consequence/punishment?
- c. What was the time frame?
- d. What did you learn from the experience?

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 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: \_\_\_\_\_

### **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. 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 (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: \_\_\_\_\_

I would like photographs to be anonymous:      Yes                                      No

Please do not use my photographs:              Yes                                      No

### **Additional Required Documents**

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)
- ✓ 2 Letters of Recommendation
- ✓ Official Transcripts
- ✓ Proof of Address

### **Submission Instructions**

**E-MAIL:** Please e-mail complete application to [nadina@feakinsfoundation.org](mailto: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)