

**Scholarship Application**

***“The SOH Scholarship”***

***Scholarship 2015-2016***

**Application due date: Monday, June 8, 2015**

1. DEADLINE for scholarship applications is Monday, June 8, 2015 at 5:00 p.m. EST **(NO EXCEPTIONS)**
2. Refer to application process below for a list of the supporting documents needed (i.e., evidence of GPA, unofficial transcript etc.) **Incomplete applications will not be considered.**
3. If any question does not apply to you in this application please put “N/A” in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by e-mail and phone in May regarding the status of your application.
6. If you have any questions about the application, please email Dayvon Goddard, Founder of the SOH Scholarship Foundation at scholarships@secretsofthehire.com.

**PURPOSE:**  The SOH Scholarship Fund was established in 2014. The mission of the SOH scholarship is to provide financial assistance to individuals enrolled in undergraduate studies from a fully accredited college/university.

**SCHOLARSHIP AWARDS**

The SOH Scholarship Fund awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: Academic Accomplishments, Community Service, and Financial Need. The SOH Scholarship fund pays scholarship funds directly to the recipient’s school. The SOH Scholarship is awarded without regard to race, color, ethnicity, gender or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

***CRITERIA***

* Applicants must be enrolled in a2 or 4 year college or university
* Applicants must currently hold a minimum a weighted GPA of 2.5 on a 4.0 scale.
* Applicants must be accepted as a full time student at a college, university, or trade school program for the upcoming academic semester.
* Applicants must demonstrate a need for financial assistance.

***CRITERIA Continued.***

* Applicants must be a citizen or legal permanent resident of the United States.
* Student must apply for the 2014-2015 Federal Student Aid Application (FAFSA).
* Applicants must complete and submit a Scholarship Application by **Monday**, **June 8, 2015.**
* Scholarship recipients will receive their check for the next semester **only** after their grades from the previous semester have been received.

**TIMELINE**

* Applications are due **June 8, 2015.**
* Applicants are notified by phone and email if awarded a scholarship by July 2015.

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed SOH Scholarship application form.
* Unofficial Transcript from the institution (Can “Save As” from school’s website)
* Proof of acceptance at an academic, vocational or technical school for post-secondary studies (Must be2- 4 years).
* Demonstrated financial need.

**SCHOLARSHIP AWARDS**

* Award notification will be given by July 2015.
* Applicant must provide the correct mailing address of their institution.

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|  Please **type on a separate sheet** or **print** your answers below. If application is illegible it will be returned to you. |
| 1 | Last Name: | First Name: |
| 2 | College/University Mailing Address: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | Name of College/University: |  |
| 5 | I will be attending the following school in the Fall/Spring of 2015 **“IF TRANSFERRING”:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 | What is your classification? (**Bold** or Underline ONE) Freshman Sophomore Junior Senior  |
| 7 | Are you a full time student? Yes (Y) or No (N) \_\_\_\_\_\_\_\_\_ |
| 8 |  Do you/Will you live on campus? Yes (Y) or No (N) \_\_\_\_\_\_\_\_\_ |
|  9 | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale) Attach proof of GPA; your most recent **unofficial OR official** college transcript required.  |
| 10 | What is your current major? (Insert “UND” if Undecided) |

**Please list the following information on a separate sheet if needed.**

|  |  |
| --- | --- |
| 11 | **SCHOOL EXTRA-CURRICULAR ACTIVITIES:** Please list school extra-curricular activities in which you have participated **(IF APPLICABLE).*** 1.
	2.
	3.
	4.
	5.
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| 12 | **ORGANIZATIONS:** Please list community organizations such as service and volunteer organizations in which you are now active or have previously had been active **(IF APPLICABLE).** 1.
2.
3.
4.
5.
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| 13 | **RECOGNITIONS**: Please list important awards and recognitions received **(IF APPLICABLE).**1.
2.
3.
4.
5.
 |
| 14 | **NEED:** **IN ONE SENTENCE**, how will the SOH Scholarship benefit you? |
| 15 |  **CAREER PLANS: IN ONE SENTENCE** What are your career plans and what would you like to be doing in 10 years? |
| 16 | YOUR CHECKLIST: FOR YOUR PERSONAL USE (DO NOT HAVE TO FILL OUT)1. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.
2. Your application will be returned to you if these items are not attached to this application. (No exceptions.)

 C. **BOLD** “YES” or “NO” to be sure you have attached each item as required. |
|  | YES | NO | **Most recent unofficial/official college transcript**. Photocopies of your transcript are **not acceptable**.  |
| YES | NO | **Answers to questions 1-15** |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Bethlehem Center Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Stephanie Jennings “Making a Difference” Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according to Bethlehem Center’s scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Type or Signature of scholarship applicant: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The deadline for this application to be received by the SOH Scholarship Center is**

**Monday, June 8, 2015, 5:00 p.m. No exceptions!**

**COMPLETED YOUR APPLICATION?**

**ONCE YOUR APPLICATION IS COMPLETED, PLEASE EMAIL THIS DOCUMENT, ALONG WITH SUPPORTING DOCUMENTS TO** **APPLY@SOHSCHOLARSHIP.COM**