



Agent of Change Scholarship Application

Sponsored by Edwin Jon D. Rodriguez

PERSONAL DATA:

1. _____

Last name

First name

Middle initial

2. _____

Home Address

City

State

Zip

3. Date of Birth: ____/____/____

4. Hempstead High School ID #: _____

5. Home Phone: (____) - ____ - _____ Cell Phone: (____) - ____ - _____

6. E-mail Address: _____

7. Guidance Counselor: _____

8. Name of the college you plan to attend: _____

9. Intended Major in College: _____

10. Current **Cumulative Grade Point Average** at Hempstead High School: _____

11. **ESSAY STATEMENT:** Please submit a typed essay (300 – 500 words) describing how you have created change in your community or at-large *and/or* how you plan to create change in your community or at-large. Please do not exceed 500 words.

Scholarship Fund Request

This form is to be completed by the scholarship recipient's counselor and should be submitted to the Director of the Scholarship Program. It must be submitted for each semester that scholarship funds are requested.

Date: _____ / _____ / _____

Program: _____

Scholarship Recipient's Name _____

Scholarship Recipient's Address: _____

Scholarship Recipient's Email Address: _____

Scholarship Recipient's Cell Phone Number: _____

Expected Graduation Date: Vocational ____ A.A or A.S ____ BA or BS ____

Scholarship Amount: _____

Counselor Name (Please Print): _____

Signature of Guidance Counselor: _____

Director of Scholarship Program: _____

<i>FOR FISCAL USE ONLY</i>								
MEMO	ACCT NAME	FUND	ACCOUNT #	CC1	CC2	CC3	CC4	AMOUNT
Date Paid:			Bank:					
			Check No.				Copies:	
FISCAL DEPARTMENT SIGN OFF:			/ / /					

Please be advised that all information entered on your application must be legibly written or typed, and all the following must be included.

- Your typed essay
- A copy of your most recent Hempstead High School transcript
- A letter of recommendation
- A completed scholarship fund request
- A copy of your most recent resume
- Signed application

NOTE: Applications not accompanied by all of the above will be ruled **INCOMPLETE** and will **NOT BE CONSIDERED** for awards. Please secure the completed application forms & submit by **May 1st, 2016** to:

Edwin Jon Rodriguez
Guidance Department Office
Hempstead High School
201 President Street
Hempstead, NY 11550
(909) 521-1563

I AM AFFIRM THAT THE INFORMATION SUBMITTED ON THIS FORM AND ANY ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE AWARD OF THIS SCHOLARSHIP.

SIGNATURE:

X _____

COMMITTEE USE ONLY

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IS THE APPLICATION COMPLETE? YES _____ NO _____

PLEASE LIST MISSING ITEMS _____

DOES THIS APPLICATION MEET THE SCHOLARSHIP CRITERIA?

YES _____ NO _____ IF NOT, WHY?

Agent of Change Scholarship Application Scoring Sheet

Applicant's Name: _____

Scholarship Committee Member's Initials: _____

Date: ____/____/____

Are the following necessary forms and paperwork included?

1. Scholarship Application _____
2. Scholarship Fund Request _____
3. Transcript _____
4. Resume _____
5. Essay _____

Scoring:

1. Grade Point Average (minimum eligibility requirement 3.0)

2.5 – 2.9 **0 points**

3.0 – 3.4 **1 point**

3.5 – 3.9 **2 points**

4.0 **3 points**

2. Community Service:

Not Active **0 points**

Moderately Active **1 point**

Very Active **2 points**

3. Essay:

No Essay **0 points**

Good Essay **1 point**

Great Essay **2 points**

4. Resume:

No Resume **0 points**

Resume **1 point**

TOTAL: ____/8

Comments:
