|  |  |
| --- | --- |
| ROBERT A. LEONARD JR. CHARITABLE TRUST  SCHOLARSHIP APPLICATION – 2022  ***(Please complete ALL information. Please type or print clearly.)*** |  |

|  |
| --- |
| **PERSONAL INFORMATION** |
| LEGAL NAME IN FULL              (PLEASE PRINT) LAST NAME FIRST NAME MIDDLE IN |
| HOME RESIDENCE              STREET NUMBER STREET NAME APT/UNIT# |
| CITY STATE ZIP |
| TELEPHONE              HOME CELL ALT |
| DATE OF BIRTH       AGE       GENDER M      F |
| EMAIL ADDRESS |
| CHECK ONE I AM A U.S. CITIZEN I AM EXPECTING U.S. CITIZENSHIP |

|  |
| --- |
| **HIGH SCHOOL INFORMATION** |
| NAME OF HIGH SCHOOL CURRENTLY ATTENDING |
| HIGH SCHOOL ADDRESS              ADDRESS CITY ZIP CODE |
| HIGH SCHOOL COUNSELOR       TELEPHONE |
| CURRENT CUMULATIVE GPA       ON SCALE OF |
| EXPECTED DATE OF GRADUATION |
| LIST ADDITIONAL HIGH SCHOOLS ATTENDED WITH EXACT DATES OF ATTENDANCE  NAME OF HIGH SCHOOL CITY/STATE DATES ATTENDED EXPECTED GRADUATION |

HOW DID YOU FIND OUT ABOUT THE ROBERT A. LEONARD JR. CHARITABLE TRUST?

|  |
| --- |
| HAVE YOU EVER BEEN DISMISSED, SUSPENDED OR PLACED ON PROBATION FROM SCHOOL OR INCURRED ANY OTHER SERIOUS DISCIPLINARY ACTION? YES NO (***NOTE: YOUR RESPONSE WILL NOT DISQUALIFY YOU FROM SCHOLARSHIP CONSIDERATION***) ***IF YES, PLEASE ATTACH AN ADDITIONAL SHEET WITH THE EXPLANATION.*** |
| HAVE YOU HAD A SIGNIFICANT CHALLENGE YOU HAD TO OVERCOME TO ACHIEVE GRADUATION STATUS? YES NO. IF YES, PLEASE ATTACH AN ADDITIONAL SHEET WITH THE EXPLANATION. |
| **COLLEGE PLANS (IF ACCEPTED AND PLAN TO ENROLL)** |
| PLEASE LIST IN ORDER OF PREFERENCE THE COLLEGE(S) TO WHICH YOU WERE ACCEPTED AND PLAN TO ENROLL  A = ACCEPTED  D = DENIED  NAME CITY/STATE AREA OF INTEREST/MAJOR P = PENDING  (IF UNDECIDED, INDICATE) |
| HAVE YOU APPLIED FOR OR RECEIVED OTHER SCHOLARSHIPS YES NO |
| IF YES, LIST OTHER SCHOLARSHIP AWARDS  A = AWARDED  D = DENIED  NAME AMOUNT P = PENDING |
| DO YOU ATTEND TO APPLY FOR, OR HAVE YOU RECEIVED FINANCIAL AID YES NO |
| HAVE YOU COMPLETED A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) YESNO |
| ARE YOU ELIGIBLE FOR A PELL GRANT YES NO  **(*PLEASE SPEAK WITH YOUR HIGH SCHOOL COUNSELOR IF YOU HAVE QUESTIONS ABOUT PELL GRANTS OR THE FAFSA PROCESS. YOU MAY ALSO CONTACT EDUCATION QUEST AT EDUCATIONQUEST.ORG FOR HELP AT NO COST.)*** |
| ACT SCORE       SAT SCORE |

|  |
| --- |
| **APPLICATION QUESTIONS** |
| 1. PLEASE WRITE A BRIEF 500 WORD ESSAY ON ONE OF THE FOLLOWIN TOPICS: A) THE IMPORTANCE OF EDUCATION, B) HOW TO INFLUENCE POSITIVE CHANGE IN MY COMMUNITY, C) HOW I PLAN TO GIVE BACK TO MY COMMUNITY AFTER GRADUATION. |
| 1. PLEASE INDICATE THE BEST AND WORST EXPERIENCES OF YOUR LIFE TO DATE. SHARE HOW YOU HANDLED EACH EXPERIENCE. |
| 1. PLEASE SHARE YOUR VIEWS ON FAMILY, WHAT FAMILY MEANS TO YOU AND WHY FAMILY IS IMPORTANT IN OUR COMMUNITIES. |
| 1. LIST ANY PART-TIME JOBS OR INTERNSHIPS.   EMPLOYER TYPE OF WORK DATES #HOURS PER WK |
| 1. DESCRIBE ONE SPECIFIC EXAMPLE OF YOUR LEADERSHIP. |
| 1. DESCRIBE A RECENT PUBLIC SERVICE ACTIVITY. |
| 1. DESCRIBE A PROBLEM OR NEED IN OUR SOCIETY AND HOW YOU PLAN TO ADDRESS IT. |
| 1. WHAT ARE THE THREE MOST SIGNIFICANT STEPS YOU HAVE TAKEN IN PREPARATION FOR YOUR LIFE? |
| 1. DESCRIBE THE EDUCATION PROGRAM YOU INTEND TO PURSUE AND WHY. |
| 1. UPON COMPLETION OF YOUR STUDIES, WHAT DO YOU PLAN TO PURSUE? |
| 1. WHAT DO YOU PLAN TO ACCOMPLISH FIVE TO SEVEN YEARS AFTER GRADUATION? |
| 1. WHAT ADDITIONAL PERSONAL INFORMATION WOULD YOU LIKE TO SHARE WITH THE ROBARD A. LEONARD JR. CHARITABLE TRUST? |
| **LETTERS OF RECOMMENDATION** |
| PLEASE ASK TWO ADULTS TO WRITE LETTERS OF RECOMMENDATION THAT REFLECT YOUR DECICATION TO STUDY, ACADEMIC ABILITY, LEADERSHIP POTENTIAL, WORK ETHIC AND CHARACTER. ONE LETTER MUST BE FROM A TEACHER WHO TAUGHT YOU IN CLASS DURING YOUR JUNIOR AND SENIOR YEAR. THE OTHER LETTER MUST BE A RECOMMENDATION FROM SOMEONE OUTSIDE OF SCHOOL (NOT A FAMILY MEMBER) I.E. MEMBER OF THE COMMUNITY, NEIGHBOR, COACH, MENTOR OR RELIGIOUS LEADER. |
| **SIGNATURES (REQUIRED)** |
| I HAVE READ AND UNDERSTOOD THE CONDITIONS OF THE ROBERT A. LEONARD JR. CHARITABLE TRUST SCHOLARSHIP. I GIVE PERMISSION TO OFFICIALS OF MY INSTITUTION TO RELEASE TRANSCRIPTS OF MY ACADEMIC RECORD AND OTHER INFORMATION REQUESTED FOR CONSIDERATION IN THE ROBERT A. LEONARD JR. CHARITABLE TRUST SCHOLARSHIP PROGRAM. IF SELECTED AS AN AWARD RECIPIENT, I AGREE TO ATTEND THE MANDATORY INTERVIEW, WORKSHOP AND AWARDS CEREMONY. I AFFIRM THAT ALL INFORMATION ON MY APPLICATION IS MY OWN WORK. I AFFIRM THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCRUATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. |

SIGNATURE OF APPLICANT PRINTED NAME DATE

SIGNATURE OF PARENT/GUARDIAN PRINTED NAME DATE

SIGNATURE OF HIGH SCHOOL COUNSELOR PRINTED NAME DATE

|  |
| --- |
| **APPLICATION CHECK LIST** |

* COMPLETED APPLICATION
* REQUIRED SIGNATURES
* OFFICIAL TRANSCRIPT
* ACT/SAT SCORES
* ATTENDANCE RECORD
* VERIFICATION OF COMMUNITY SERVICE
* TWO LETTERS OF RECOMMENDATION
* COPY(S) OF COLLEGE ACCEPTANCE LETTERS