

LOUDOUN COUNTY “BEAT THE ODDS”^(R) SCHOLARSHIP PROGRAM

DEADLINE FOR SUBMISSION: APRIL 9, 2010

CRITERIA:

1. CURRENTLY A RESIDENT OF LOUDOUN COUNTY.

2. DEMONSTRATE A MARKED IMPROVEMENT OR MAINTAINING OF A SUCCESSFUL GRADE POINT AVERAGE, AND PARTICIPATING IN ACTIVITIES, EITHER FORMAL OR INFORMAL, WHICH ARE HELPFUL TO OTHERS SUCH AS VOLUNTEERING, COMMUNITY SERVICE, TAKING RESPONSIBILITY FOR OTHER FAMILY MEMBERS OR EARNING PART OF THE FAMILY'S INCOME.

3. PERSERVERED DESPITE SIGNIFICANT HARDSHIPS INCLUDING POVERTY, DISABILITY, HOMELESSNESS, PERSONAL TRAGEDY OR ADDICTION.

4. MUST BE A CLIENT OR FORMER CLIENT OF ONE OR MORE OF THE FOLLOWING AGENCIES:
 - A. JUVENILE AND DOMESTIC RELATIONS COURT
 - B. JUVENILE COURT SERVICES UNIT
 - C. DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES
 - D. COMMUNITY SERVICES BOARD
 - E. DEPARTMENT OF SOCIAL SERVICES
 - F. CHILD PROTECTIVE SERVICES

A COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

1. A ONE PAGE STATEMENT FROM THE STUDENT DESCRIBING HOW HE OR SHE HAS “BEATEN THE ODDS,” INCLUDING INFORMATION AS TO WHAT DIFFICULTIES AND/OR HARDSHIPS THE STUDENT HAS OVERCOME.

2. A ONE PAGE LETTER OF RECOMMENDATION **IN A SEALED ENVELOPE** FROM A TEACHER, COUNSELOR, COACH OR SIMILAR PERSON OF THE STUDENT'S CHOICE.

3. A COPY OF THE STUDENT'S HIGH SCHOOL TRANSCRIPT.
4. A COMPLETED APPLICATION.
5. A COPY OF THE STUDENT'S FARSA OR SAR, if applicable.

ALL SUPPORTING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION FORM AND SHOULD CLEARLY IDENTIFY THE NAME OF THE STUDENT APPLICANT.

SUBMIT ALL APPLICATIONS TO:

**BEAT THE ODDS SCHOLARSHIP PROGRAM
C/O MATTHEW SNOW
7 EAST MARKET STREET
SUITE 102
LEESBURG, VA 20176**

MINORITIES ARE ENCOURAGED TO APPLY

“BEAT THE ODDS” ® SCHOLARSHIP APPLICATION

Please print or type the requested information

STUDENT'S NAME: _____

DATE OF BIRTH: _____ GENDER: _____

ETHNICITY (optional): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SCHOOL CURRENTLY ATTENDING and ANTICIPATED GRADUATION DATE:

(TO BE FILLED IN BY COUNSELOR) G.P.A. _____ CLASS RANK: _____

ESTIMATED ANNUAL FAMILY INCOME: _____

NUMBER OF PERSONS RESIDING IN HOUSEHOLD: _____

DO YOU OR YOUR FAMILY CURRENTLY RECEIVE OR HAVE IN THE PAST RECEIVED ANY OF THE FOLLOWING (check all that apply):

_____ TANF _____ FOOD STAMPS _____ MEDICARE

_____ HOUSING SUBSIDY _____ EMERGENCY RELIEF

DO YOU CURRENTLY, OR HAVE YOU IN THE PAST BEEN A CLIENT OF, OR RECEIVED SERVICES FROM (check all that apply and list the county in which services were most recently received)

_____ DEPT. OF SOCIAL SERVICES (county: _____)

_____ FOSTER CARE (county: _____)

_____ JUVENILE COURT SERVICES UNIT (county: _____)

_____ COMMUNITY SERVICES BOARD (county: _____)

_____ FAMILY ASSESSMENT AND PLANNING TEAM (county: _____)

_____ CHILD PROTECTIVE SERVICES (county: _____)

_____ JUVENILE AND DOMESTIC RELATIONS COURT (county: _____)

_____ MENTAL HEALTH/SUBSTANCE ABUSE (county: _____)

WHAT ARE YOUR CURRENT POST GRADUATION PLANS:

(If you have been accepted to a two- or four-year institution, a vocational school, or other post graduation program list the name of the school, college or university **and attach a copy of your letter of acceptance**; if you are entering a trade, list the occupation; if you are enlisting in the military, provide the branch of service, number of years of enlistment, and any supporting documents): _____

EXPLAIN HOW YOU INTEND TO USE THIS SCHOLARSHIP AWARD (ex: tuition, trade tools, supplies, living expenses): _____

LIST ANY OTHER FINANCIAL AID/SCHOLARSHIPS YOU HAVE RECEIVED TO DATE: _____

LIST ALL EXTRACURRICULAR ACTIVITIES (include years participated and offices held): _____

DESCRIBE ANY RESPONSIBILITIES YOU HAVE TO CARE FOR OTHER FAMILY MEMBERS OR TO EARN PART OF YOUR FAMILY'S INCOME:

LIST ALL SCHOLASTIC HONORS: _____

STUDENT'S REFERENCE (name and title): _____
