

Mulholland Futures Scholarship

A scholarship established through Youth Services System, Inc. to support youth from West Virginia as they pursue post-high school education. Such education can include associate or bachelor's degrees, trade school or licensure programs. Applicants must be a current graduating high school senior, have a high school diploma or have obtained a TASC/GED within the previous five years. Number of awards and amounts will vary. Awards are renewable pending adequate academic progress.

Preference will be extended to the following:

- ☐ A youth in recent care (within previous five years) at Youth Services System, Inc.
- ☐ A youth of a current YSS employee
- ☐ All other youth from communities in the northern panhandle of West Virginia (Hancock, Brooke, Ohio, Marshall, Wetzel & Tyler counties)
- ☐ Applicants demonstrating financial need, though this will not be the sole deciding factor

Application Guidelines – Carefully read this page to ensure your application is complete.

Please complete the application as presented. Do not include materials that are not requested.

CHECKLIST

- ☐ **Verification of association with YSS (if applicable)** – Written documentation from Chief Executive Officer of YSS. Attach this to your completed application.
- ☐ **Letter of Recommendation** – Ask evaluator to complete form and return to you in a sealed envelope with evaluator's signature. Include the recommendation with all other application materials.
- ☐ **Personal Essay** – Please attach a personal essay that responds to one of the prompts.
- ☐ **Financial Form** – Please include requested documentation and responses
- ☐ **Academic Certification Form** – Have appropriate school official complete form and return it with other application materials

Application Deadline: March 1, 2019

Return Application to:

CFOV

1310 Market St., Suite 1

Wheeling, WV 26003

****mailed applications must be postmarked by March 1****

Application: Mulholland Futures Scholarship

PERSONAL INFORMATION

Name: _____

Address: _____

Street or PO Box

City

State

Zip

What county do you live in? _____ U.S. Resident? ☐ Yes ☐ No

Date of Birth: ____/____/____ Telephone: (____) ____-____

Email: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

VERIFICATION (if applicable)

Preference will be given to a youth in recent care of YSS (within previous five years) or a youth of a current employee of YSS. ***If this applies to you, please obtain written documentation of your affiliation from the Chief Executive Officer of YSS and attach to this application.***

COLLEGE/UNIVERSITY/PROGRAM INFORMATION

Name of college/university/program in which you are enrolled or plan to enroll:

Name

City

State

If not enrolled, have you been accepted? ☐ Yes ☐ No Length of program: _____

Anticipated major or area of study: _____

Do you plan to live: ☐ on campus ☐ off campus ☐ commute ☐ unknown

Recommendation Letter

Signed and sealed letter must accompany this application.

Name: _____

Relationship: _____

When selecting someone to complete your recommendation, select someone who will be thorough in the review of your character. Select someone who knows you well and will be able to give a candid and unbiased evaluation. ***Your recommendation must be completed by someone other than your parents, immediate family or school counselors.***

The evaluator should also provide a brief statement as to why he or she thinks you are most deserving of the scholarship, being mindful of the intention of this scholarship (***those pursuing post-high school education***)

Personal Essay

On a separate sheet of paper, please develop a personal written statement that does not exceed 500 words. Your statement needs to address **ONE** of the following prompts:

- ***Tell us about an adversity you have overcome and lessons learned from that experience***
- ***Tell us about someone who has been a significant influence in your life and how that relationship has changed you***
- ***Tell us about your future dreams and when realized how that will change you***

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature _____ Date _____

Letter of Recommendation Form

Application Deadline: March 1, 2019

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

Remember, this scholarship is for the benefit of a student pursuing post-high school education. Your letter should demonstrate your understanding of this scholarship's intention and how the applicant reflects those intentions.

I am writing this evaluation on the behalf of _____

Evaluator's Name: _____

Telephone Number: (_____) _____ - _____

Relationship to applicant: _____

How long have you known the applicant? _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

Financial Form

This scholarship is intended to benefit a student who has demonstrated financial need. In order to assist the selection committee in honoring the donor's wishes, please respond where appropriate and attach the following to your application:

Documentation:

Please include the page of the FAFSA Student Aid Report that provides your Expected Family Contribution (EFC). This is the ONLY page you need. Please do not include the full Student Aid Report or copies of tax returns.

If your intended program of study does not require a FAFSA please continue to the next response.

Response:

Please respond to the following -

Adjusted Gross Income for household, as reported on 2017 tax returns: _____

Supplemental Information:

If you wish, you may include a supplementary statement explaining circumstances that may impact financial need that are not apparent from the above financial information. For example, contributions expected/not expected from a non-custodial parent, educational expenses of siblings, medical expenses, etc.

Certification:

I certify that all the information on this form is true and complete to the best of my knowledge. If asked by an authorized official of the Community Foundation for the Ohio Valley, Inc. I agree to give documentation for the information given on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving aid.

Applicant Signature _____

Academic Certification Form – Read Carefully!

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor. Be sure to have the appropriate section completed on your behalf!

If you have obtained your TASC/GED, please submit official documentation that includes date received. If you have taken the SAT and/or ACT, please also include copies of your scores. Self-reported information will not be accepted.

High School Applicants

Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student's Name: _____

School: _____

Current Class Rank: _____

Current Cumulative GPA: _____

SAT Scores (single test date)

Date of Test: _____

Verbal: _____

Math: _____

Combined: _____

ACT Scores (single test date)

Date of Test: _____

English: _____

Math: _____

Reading: _____

Science: _____

Composite: _____

Person completing this form: _____

Title: _____

Signature: _____ Date: _____

College Applicants

To be completed by advisor or qualified college/university/program representative

Cumulative GPA: _____ Full-time Status: ☐ Yes ☐ No

Is the applicant in good standing? ☐ Yes ☐ No

College/University/Program: _____ Major or area of study: _____

Signature of Representative and Title

Email Address of Representative