

## **“If Given a Chance” Foundation Scholarship Application**

“If Given a Chance...” exists to provide financial assistance and guidance to youth who have demonstrated extraordinary courage in overcoming significant personal challenges, so they may achieve their educational goals.

### **SCHOLARSHIP CRITERIA**

1. The nominee must have faced adversity and overcome challenging life circumstances.
2. The nominee must have turned his/her life around or must have maintained high standards in the face of adversity
3. The nominee must have graduated from a Napa High School (or be a resident of Napa County) or the equivalent between June 2006 and June 2008. He/she must have plans to further his/her education or training within 15 months of receiving the award

**STUDENTS SELECTED FOR A SCHOLARSHIP WILL BE REQUIRED TO ATTEND A COLLEGE/LIFE SKILLS READINESS PROGRAM AND THIS WILL BE OFFERED THROUGH NAPA VALLEY COLLEGE. IF THE SCHOOL THE RECIPIENT WILL BE ATTENDING ALSO OFFERS SUCH A PROGRAM, THE STUDENT MAY TAKE THIS PROGRAM AT THEIR SCHOOL. THE COURSE MUST BE COMPLETED IN ORDER TO RECEIVE THEIR SECOND CHECK. STUDENTS WILL RECEIVE COLLEGE CREDIT FOR ATTENDING THIS PROGRAM.**

### **INSTRUCTIONS**

Please print clearly or type. Include ALL information that will help us make a decision. Be as specific as possible. *The nominee’s statement should be no more than 2 pages typed of information about him/her (no more than four pages if handwritten).* The suggested font is Times New Roman 12 point. Please no smaller font than 12. Be assured that the strictest confidentiality will be maintained.

### **DEADLINE:**

The completed application must be received no later than: **5:00 p.m. on February 15, 2008**

*Applications must be complete to be considered. Incomplete applications will be disqualified. Please be sure that your application includes the following:*

Nominator’s Application – Questions 1-5

***NOMINATOR: The remaining parts of the application should be provided to and completed by the Nominee. Please give the following forms to the Nominee and have him/her return them to you to include with the application.***

## **“If Given a Chance” Foundation Scholarship Application**

1. Nominee’s statement
2. Signed Release of Information (if the Nominee is under the age of 18, releases must also be signed by parent/guardian)
3. Signed Release of Media Information (if the Nominee is under the age of 18, releases must also be signed by parent/guardian)
4. Letter of Recommendation

The information provided is kept under the strictest confidentiality. Only the Scholarship Awards Committee and the Chairperson of the “If Given A Chance” Foundation will have access to them.

**Please submit applications to: “If Given a Chance...” c/o Greg Bennett, 3264 Villa Lane, Napa, CA 94558.**

If you have any questions, please contact Mary Butler at 259-8115 or Patty Renfrow at 259-8017.

## **“If Given a Chance” Foundation Scholarship Application**

### **NOMINATOR’S APPLICATION**

I would like to nominate the following student\*:

*(\*a resident of Napa County or a high school graduate from a Napa County School):*

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

NOMINATOR’S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

Nominees high school graduation date: \_\_\_\_\_

Name of high school: \_\_\_\_\_

**(Date must fall between June 2006 and June 2008 from a Napa County School)**

Or:

Date nominee passed the high school equivalency: \_\_\_\_\_

**(Date must fall between June 2006 and June 2008)**

1. How long have you know the nominee? \_\_\_\_\_ In what capacity? \_\_\_\_\_
2. Is the nominee currently enrolled in school? YES \_\_\_\_\_ NO \_\_\_\_\_
3. What is the nominee’s plan for further education and training?

## **“If Given a Chance” Foundation Scholarship Application**

*Please answer the following question on an additional sheet(s) of paper and staple to the Application.*

In your own words what adversity or challenging life circumstances has this youth overcome and what actions did the youth take to turn his/her life around? What evidence did the student provide of maintaining high standards in the face of adversity or challenging life circumstances? Please give *specific details* in as full and clear a manner as possible. This information will remain confidential.

## **“If Given a Chance” Foundation Scholarship Application**

### **RELEASE OF INFORMATION**

To be completed by the Nominee

#### ***IMPORTANT NOTE REGARDING CONFIDENTIALITY:***

This application will be submitted directly to the Scholarship Awards Committee of the If Given a Chance Foundation. Only members of the Scholarship Awards Committee and the President of If Given a Chance will have access to the information contained in this application. Scholarship recipients will have full control over what information is used in their introductions and the content of their acceptance statements at the awards ceremony.

***If you agree that the information in this application can be shared with the members of the If Given A Chance Foundation Scholarship Awards Committee and with the President of If Given A Chance Foundation, please sign and date below.***

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Nominee (18 and over)

Date

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Parent/Guardian

Date

## **“If Given a Chance” Foundation Scholarship Application**

### **MEDIA RELEASE**

**FOR THE RECIPIENT:** Please read the following release clauses. Please sign those you agree to.

The print and broadcast media may at times attend and cover the “If Given a Chance...” Awards Night Dinner. This coverage may include photography, video and/or sound.

I understand and agree that my name, image or voice may be utilized by the media.

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Recipient Signature

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Parent/Guardian Signature (if recipient is under the age of 18)

As a scholarship recipient of “If Given a Chance...”, the media may ask to interview you for stories either centered on the “If Given a Chance...” program as an individual recipient. While it is your choice whether or not you agree to speak to a particular media representative, your signature signifies that you are willing to be contacted in the event a request is made to conduct such an interview.

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Recipient Signature

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Parent/Guardian Signature (if recipient is under the age of 18)

The “If Given a Chance...” may use photographs, excerpts from video or digital media, and sound recordings for marketing and educational materials. Your consent below allows IGAC to use your image or voice in such manner.

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Recipient Signature

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Parent/Guardian Signature (if recipient is under the age of 18)

## **“If Given a Chance” Foundation Scholarship Application**

### **NOMINEE STATEMENT**

Please tell in your own words about the difficulties you have faced and overcome. Be as specific and detailed as possible. Please type or print in ink. If typed, two pages using the recommended font: Times New Roman 12. If handwritten, four pages maximum clear and legible.

Please elaborate on the difficulties you have faced, on the recovery process and how it contributed to who you are now and why education has become important to you. Include your short-term and long-term goals and why you feel you can be successful in achieving your goals. You do not have to have specific career goals – we would like to get a sense of the directions you are considering and where you see yourself heading in the future. The reader should get a sense of your strength and resilience that would lead him/her to conclude that you will be successful in achieving your goals. Please include any extracurricular activities, work experience or volunteer work that would demonstrate that you have turned your life around or that have kept you on track in spite of the difficulties you have faced.

*Be assured that the strictest confidentiality will be maintained.*

*Your information will only be shared with the members of the If Given A Chance Foundation Awards Committee and with the Chairperson of the If Given A Chance Foundation.*

## **“If Given a Chance” Foundation Scholarship Application**

### **LETTER OF RECOMMENDATION**

**NOMINEE:** Please request that an adult (other than the Nominator) who is aware of your accomplishments, write a letter of recommendation. Complete this form with their information and attach it to this form. Have them return it to you in a sealed envelope. Once this is done please return your application forms, including this form and letter, in a sealed envelope to your nominator.

Reminder: Completed Applications must be submitted by **5:00 p.m., February 15, 2008**

**To: If Given a Chance Foundation, c/o Greg Bennett, 3264 Villa Lane, Napa, Ca 94558**

**RECOMMENDER:** Please include all information that can help us make a decision on this nominee and please be as detailed as possible. It would be especially helpful to know the ways in which this nominee has demonstrated to you his/her commitment to continuing his/her education or training. Please return the form and the letter of recommendation to the nominee in a sealed envelope. **Please bear in mind that the complete application must be received by “If Given a Chance...” c/o Greg Bennett, 3264 Villa Lane, Napa, CA 94558 no later than 5:00 p.m. on February 15, 2008 and allow enough time for the nominee to meet that deadline.**

Thanks

RECOMMENDER’S NAME: \_\_\_\_\_PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_