

Children's Defense Fund **BEAT THE ODDS®**

2017 OHIO SCHOLARSHIP SUBMISSION ELIGIBILITY AND GUIDELINES DEADLINE: NOVEMBER 30, 2016

The Children's Defense Fund's Beat the Odds® Scholarship Program honors, celebrates, and rewards outstanding high school seniors who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to continue their education.

Nomination:

Scholarship applicants must be nominated by, or seek nomination from, an adult (often a counselor, but not in all cases) who is both willing and able to shepherd the student throughout the application, selection, and award process. In collaboration with the student applicant, the nominator should confirm that the scholarship application packet submitted is complete, meets the eligibility guidelines, and is submitted electronically or postmarked by the deadline (11/30/16).

Eligibility:

Nominees for the *Beat the Odds* Scholarship must meet all of the following criteria:

- Presently a senior enrolled in a public, charter, or alternative high school in Ohio and will graduate by July 2017
- Will attend a college, university, or vocational school in the Fall 2017
- Has achieved a minimum 3.0 GPA on a 4 point scale and class ranking which demonstrates academic success
- Has demonstrated community service, volunteerism, and a commitment to leadership development
- Has experienced and overcome adversity such as, but not limited to, poverty, disability, homelessness or abuse

Selection:

Scholarship applicants will be evaluated based upon:

- Student Essay
- An educator recommendation from a teacher who knows the applicant well.
- A community member recommendation from a mentor, employer or counselor who knows the applicant well.
- Academic success as demonstrated by the student's transcript
- Community involvement
- Financial need

Scholarship recipients will be expected to share their stories and accept the award publicly during the *Beat the Odds* Awards Event in Columbus. Honorees will also have professional videos filmed of their stories; these mini-documentaries will be aired at the awards presentation and by the Children's Defense Fund elsewhere for the benefit of other young people who are struggling to overcome similar obstacles and to inspire community leaders to help them succeed. Scholarship recipients may also be expected to discuss their experiences and relationship to Children's Defense Fund-Ohio (CDF-Ohio) in the media. CDF-Ohio can provide necessary communications training and speech preparation.

All applicants must be comfortable with telling their story publicly and willing to be videotaped as this will be an expectation of scholarship recipients.

Award:

- Five recipients will each receive a \$5,000 scholarship (typically prorated throughout 8 semesters), paid directly to the student's college, university, or vocational school during enrollment; a laptop computer for higher education; and access to a network of support and development opportunities through the Children's Defense Fund. Additional gifts will also include professional attire and travel expenses for the event.
- Scholarship recipients must agree to and comply with the Terms of the Award and agree to maintain a relationship with the Children's Defense Fund for the duration of the award while they pursue higher education.
- Recipients may be given opportunities to participate in advocacy training, volunteer projects and internships during and after the award period. It is our hope that the *Beat the Odds* scholarship recipients will continue to be engaged and join with us to encourage, celebrate, reward and mentor others we serve.
- Should the scholarship recipient fail to enroll or continue to attend a college, university, or vocational school as expected, or be unable to comply with the Terms of the Award, scholarship monies will be forfeited.

Application Deadline: Wednesday, November 30, 2016

Applications must be submitted electronically or postmarked by **Wednesday, November 30, 2016**. NO EXTENSIONS OR EXCEPTIONS.

Application Packet (for paper applications submitted by US Mail):

Scholarship Application Form

For applications to be reviewed they must be completed, signed, and dated. One-sided pages only.

Student Essay

Essays must be 2 pages (double-spaced with 12-point font) and paper clipped. One-sided pages only. NO STAPLES.

The student should explain in detail how he or she has overcome adversity and personal challenges in life and yet has achieved academically and given back to his or her community. Students should share their personal and professional plans, goals, hopes, and dreams for the future. Essays should clearly articulate how all of the eligibility criteria have been met.

It is suggested that students review their essay with their recommender or an adult advisor, counselor or mentor to assure that it sets forth all relevant details and that it is appropriately presented.

Two Recommendation Forms and Narrative Statements

- **Educator Recommendation**- One recommendation **must** be from a teacher.

The educator recommendation should speak to the student's academic record, the challenges he or she faced, and observations regarding the student's ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.

- **Community Member Recommendation**- The second recommendation **may** be from an educator OR a mentor, school counselor, coach, clergy member, or employer.

The additional recommender should know the student well and be able to speak to the student's work ethic, challenges, experiences and motivation to succeed. This recommendation should address how the student faced obstacles and adversity in his or her life, achieved success, participated in volunteer and community service activities, and demonstrated leadership. Additional insight into how the student qualifies for the CDF *Beat the Odds* scholarship can be offered, as it assists the selection committee in evaluating the student's application.

Applicants may not submit letters of recommendation written by relatives or peers.

Official High School Transcript

Submission Instructions: Paper application packets **must** include the following: Scholarship Application Form, Student Essay, Recommendation Forms, Recommender Narrative Statements, and Official High School Transcripts. Incomplete application packets **will not** be considered. (One-sided pages only. NO staples.)

Assemble the application packet in the order listed above. No two-sided copies will be accepted. Do NOT use staples. No fax or e-mail submissions will be accepted or reviewed. Completed paper applications must be postmarked by Wednesday, November 30, 2016.

Send completed application packet to:

Children's Defense Fund–Ohio
Attn: Beat the Odds 2016 Selection Committee
395 E. Broad Street, Suite 330
Columbus, Ohio 43215

Inquiries:

BTO-Ohio@childrensdefense.org
www.cdfohio.org



2017 OHIO SCHOLARSHIP APPLICATION FORM
Student Submission Deadline: Wednesday, November 30, 2016

Full Name Age Gender Race/Ethnicity

Current Address (Include Apartment/Unit #) City County State Zip

Permanent Address (If different from Current Address) City County State Zip

Email Address Home Phone Cell Phone

I am a US Citizen I am a US Legal Permanent Resident I do not wish to share my status at this time

Other, Please explain:

I live at home with both parents. I live in a single-parent household with my:

Other, Please explain:

Please describe your family's approximate annual income:

I will be a first-generation college student (This means that you will be the first in your family to obtain post-secondary education.)

Yes / No Do you have any siblings? If "Yes", how many? What are their ages? Do they all live with you?

School Name School District Unweighted GPA Weighted GPA

School Address School County School Phone School Fax

Counselor Name Counselor Email Counselor Phone

Nominator Name (If not counselor above) Nominator Email Nominator Phone

Are you currently employed? Yes / No If so, where?

Community Service:

List your most recent volunteer / community service activities:

List your personal interests and hobbies:

List your personal and academic goals:

Authorization for Applicant's Credential:

In connection with the Children's Defense Fund and its evaluation of my suitability as a scholarship recipient, I hereby verify that all of the information included in this application is true and speaks to my eligibility of applying for this scholarship.

Applications will not be considered without complete information and signature below.

Student Signature

Date Signed

Parent/Guardian Signature (required if student is a minor)

Date Signed

Nominator Signature

Date Signed

Survey Questions (Optional):

Because of our mission is to ensure that every child in Ohio has a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life, and successful passage to adulthood with the help of caring families and communities, please answer the following questions to help us gauge if some of the child focused policies and programs are supporting Ohio's children.

- Do you have health insurance? Y/N
- Have you seen a physician in the last year when you needed care (sickness, well-child visit, sports physical, etc.)? Y/N
- Have you seen a dentist in the last year? Y/N
- Do you have reliable access to food in the evenings and weekends? Y/N
- Do you have reliable access to food during the summer break?
- Explanations or Comments: _____

Application Packet Checklist:

- Scholarship Application form
- Student Essay
- Educator Recommendation Form and Narrative Statement
- Additional Recommendation Form and Narrative Statement
- Official High School Transcript

Assemble packet in the order listed above. Do not staple; paper or binder clips are acceptable. No two-sided copies. Complete applications must be postmarked by Wednesday, November 30, 2016.

Incomplete applications and those submitted or postmarked after the deadline will not be considered.

Send completed application packet to:

Children's Defense Fund—Ohio
Attn: Beat the Odds® 2016 Selection Committee
395 E. Broad Street, Suite 330
Columbus, Ohio 43215

Inquiries:

BTO-Ohio@childrensdefense.org
www.cdfohio.org



2017 OHIO SCHOLARSHIP EDUCATOR RECOMMENDATION COVER FORM
Submission Deadline: Wednesday, November 30, 2016

The Children's Defense Fund (CDF) Beat the Odds® Scholarship program honors, celebrates, and rewards outstanding high school seniors who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to attend college to continue their education.

Thank you for your willingness to provide a recommendation for a deserving high school senior for the CDF *Beat the Odds* Scholarship. **Every scholarship applicant must submit two letters of recommendation with their application.** (*Applicants may not submit letters of recommendation written by relatives or peers*)

- **Educator Recommendation-** *One recommendation **must** be from a teacher.*
The educator recommendation should speak to the student's academic record, the challenges he or she faced, and observations regarding the student's ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.
- **Community Member Recommendation-** *The second recommendation **may** be from an educator, OR a mentor, school counselor, coach, clergy member, or employer.*
The additional recommender should know the student well and be able to speak to the student's work ethic, challenges, experiences and motivation to succeed. This recommendation should address how the student faced obstacles and adversity in his or her life, achieved success, participated in volunteer and community service activities, and demonstrated leadership. Additional insight into how the student qualifies for the CDF *Beat the Odds* scholarship can be offered, as it assists the selection committee in evaluating the student's application.

Scholarship Applicant: (to be completed by the student applicant)

Applicant's Name: _____
School: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Educator Recommender: (from this point forward, to be completed by the person providing the recommendation)

Name: _____
Address: _____
Day Phone: _____ Cell Phone: _____
Email: _____
Occupation: _____ Employer: _____
Relationship to Applicant: _____
Length of time you have known the applicant: _____

Attributes	Compared to peers, this student rates (1) Fair, (2) Solid, (3) High Performing, or (4) Extraordinary. Evaluate the student by circling the appropriate number 1 to 4				
Academic Motivation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Academic Potential	1	2	3	4	<input type="checkbox"/> No basis for judgment
Creativity	1	2	3	4	<input type="checkbox"/> No basis for judgment
Self-Discipline	1	2	3	4	<input type="checkbox"/> No basis for judgment
Leadership	1	2	3	4	<input type="checkbox"/> No basis for judgment
Initiative	1	2	3	4	<input type="checkbox"/> No basis for judgment
Reaction to Setbacks	1	2	3	4	<input type="checkbox"/> No basis for judgment
Analytical Ability	1	2	3	4	<input type="checkbox"/> No basis for judgment
Oral Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Classroom Participation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Independence	1	2	3	4	<input type="checkbox"/> No basis for judgment
Problem Solving	1	2	3	4	<input type="checkbox"/> No basis for judgment
Overall Impression	1	2	3	4	<input type="checkbox"/> No basis for judgment

In a general and overall comparison with similar students (age, grade, academic track), you would rank this student within the ___ top 10% ___ top 25% ___ top 50% ___ lower 50% of *that group* of students. *Note: this is not a class ranking.*

Narrative Section: Please Use Additional Paper (1 - 2 pages in length, 12 pt font, 1-inch margins, single-spaced)

As an educator, please describe the student's academic record, the challenges he or she has faced, and observations regarding the student's ability to cope with and manage adversity. Please make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education. Please discuss demonstrated leadership skills or potential and any additional personal achievements the student has attained.

Please return both this form and your narrative to the student (you may do so sealed if you wish) for inclusion in his/her application packet. Please **do not** use staples or two-sided copies. The applicant must include letters of recommendation from you and another individual, and the two recommendations may not be submitted separately.

Signature: _____ **Date:** _____



2017 OHIO SCHOLARSHIP COMMUNITY MEMBER RECOMMENDATION COVER FORM
Submission Deadline: Wednesday, November 30, 2016

The Children's Defense Fund (CDF) Beat the Odds® Scholarship program honors, celebrates, and rewards outstanding high school juniors who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to attend college to continue their education.

Thank you for your willingness to provide a recommendation for a deserving high school junior for the CDF *Beat the Odds* Scholarship. **Every scholarship applicant must submit two letters of recommendation with their application.** (*Applicants may not submit letters of recommendation written by relatives or peers*)

- **Educator Recommendation** - One recommendation **must** be from a teacher.
The educator recommendation should speak to the student's academic record, the challenges he or she faced, and observations regarding the student's ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.
- **Community Member Recommendation**- The second recommendation **may** be from an educator, OR a mentor, school counselor, coach, clergy member, or employer.
The additional recommender should know the student well and be able to speak to the student's work ethic, challenges, experiences and motivation to succeed. This recommendation should address how the student faced obstacles and adversity in his or her life, achieved success, participated in volunteer and community service activities, and demonstrated leadership. Additional insight into how the student qualifies for the CDF *Beat the Odds* scholarship can be offered, as it assists the selection committee in evaluating the student's application.

Scholarship Applicant: (to be completed by the student applicant)

Applicant's Name: _____
School: _____
Home Phone: _____ Cell Phone: _____
Email: _____

Community Member Recommender: (from this point forward, to be completed by the person providing the recommendation)

Name: _____
Address: _____
Day Phone: _____ Cell Phone: _____
Email: _____
Occupation: _____ Employer: _____
Relationship to Applicant: _____
Length of time you have known the applicant: _____

Attributes	Compared to peers, this student rates (1) Fair, (2) Solid, (3) High Performing, or (4) Extraordinary. Evaluate the student by circling the appropriate number 1 to 4				
Academic Motivation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Academic Potential	1	2	3	4	<input type="checkbox"/> No basis for judgment
Creativity	1	2	3	4	<input type="checkbox"/> No basis for judgment
Self-Discipline	1	2	3	4	<input type="checkbox"/> No basis for judgment
Leadership	1	2	3	4	<input type="checkbox"/> No basis for judgment
Initiative	1	2	3	4	<input type="checkbox"/> No basis for judgment
Reaction to Setbacks	1	2	3	4	<input type="checkbox"/> No basis for judgment
Analytical Ability	1	2	3	4	<input type="checkbox"/> No basis for judgment
Oral Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Classroom Participation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Independence	1	2	3	4	<input type="checkbox"/> No basis for judgment
Problem Solving	1	2	3	4	<input type="checkbox"/> No basis for judgment
Overall Impression	1	2	3	4	<input type="checkbox"/> No basis for judgment

In a general and overall comparison with similar students (age, grade, academic track), you would rank this student within the ___ top 10% ___ top 25% ___ top 50% ___ lower 50% of *that group* of students. *Note: this is not a class ranking.*

Narrative Section: Please Use Additional Paper (1 - 2 pages in length, 12 pt font, 1-inch margins, single-spaced)

Please describe the student's academic record, the challenges he or she has faced, and observations regarding the student's ability to cope with and manage adversity. Please make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education. Please discuss demonstrated leadership skills or potential and any additional personal achievements the student has attained.

Please return both this form and your narrative to the student (you may do so sealed if you wish) for inclusion in his/her application packet. Please **do not** use staples or two-sided copies. The applicant must include letters of recommendation from you and another individual, and the two recommendations may not be submitted separately.

Signature: _____ **Date:** _____