



## 2019 Dr. Barbara Odom-Wesley Spirit of Achievement Scholarship \$3,000 Scholarship Application Packet

### Scholarship Guidelines:

This scholarship may be used at any two or four-year College or University  
(Trade, Technical, and Cosmetology Schools are ineligible.)

### Eligibility:

African-American female high school senior attending school in Tarrant County or Grand Prairie, Texas:

- Minimum of 2.5 cumulative GPA on a 4.0 scale
- Completed Scholarship Application
- Completed Community Service Verification
- Application and required documents must be postmarked by **February 16, 2019** – submissions postmarked after the deadline will not be considered.
- If applicant becomes a finalist, a personal interview may be required. Finalists will be notified of interview by **March 16, 2019**.

### Application Package:

- Official application form
- Official high school transcript - Transcript must be unopened with the counselor's signature along the back of the envelope. **Submitting an unofficial transcript will disqualify your application.**
- Proof of SAT or ACT score – All scores must be sealed and unopened. Students can order their scores from the ACT/SAT testing websites. **Check with your counselor because scores may already be on your official transcript. Submitting unsealed scores will disqualify your application.**
- Completed Community Service Verification
- Two letters of recommendation on **official letterhead** that focus on student's leadership from any of the following categories:
  - School: Teacher, Principal, Counselor
  - Community: Community Organization Sponsor, Civic Leader, Minister/Pastor
  - Sorority: Member of Alpha Kappa Alpha Sorority
- 2-3 pages, typed essay, 1" margin, doubled spaced, 12 point - Times New Roman font style on the topic:
  - **How do you achieve excellence in leadership?**

*Scholarship funds will be disbursed and administered through the college or university upon receipt of proof of enrollment.*

### Mail Completed Application Package to:

**The Arlington Foundation for Excellence in Education**

Attn: Scholarship Committee

P. O. Box 150301

Arlington, Texas 76015

**For more information, please contact:**

[Scholarships@arlingtoneducation.org](mailto:Scholarships@arlingtoneducation.org)

Or visit [arlingtoneducation.org](http://arlingtoneducation.org)

**The Arlington Foundation for Excellence in Education  
2019 Dr. Barbara Odom-Wesley Spirit of Achievement Scholarship**

**APPLICATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Activities (School, Church, Community, Youth Groups):**

**Offices held at School, Church, Club, or Other:**

**Special Awards or Honors:**

**The Arlington Foundation for Excellence in Education  
2019 Dr. Barbara Odom-Wesley Spirit of Achievement Scholarship**

<b>Community Service Experience*</b>
--------------------------------------

Organization	Total # of Hours	Supervisor	Supervisor's Phone #

*\*Or you may turn in other applicable proof of community service experience.*

I certify to the best of my knowledge that the information I have given on this application is true and correct. I understand that any false statements could disqualify me from eligibility to receive the scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date