

Alexandria "Beat the Odds" Scholarship Program

Scholarship Application

DEADLINE: Friday, February 9, 2024 at 5:00 p.m.

I. Applicant's Information

| | | |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

| | | |
|--------------------------|-----|---------|
| Date of Birth (MM/DD/YY) | Age | Pronoun |
|--------------------------|-----|---------|

Current Mailing Address

| | |
|------------------|---------------|
| Telephone Number | Email Address |
|------------------|---------------|

Country/State of Birth

| | |
|-------------------------------|-----------------|
| Name of Parent(s)/Guardian(s) | Relation to You |
|-------------------------------|-----------------|

| | |
|--------------------------------------|-------------------------------------|
| University/College/Program Attending | High School Graduation Date (MM/YY) |
|--------------------------------------|-------------------------------------|

| | |
|-----------------------------------|----------------------------|
| Current Grade Point Average (GPA) | Class Rank (if applicable) |
|-----------------------------------|----------------------------|

Nominator's Name

**II. "Beat the Odds" Scholarship Essays
(You must answer all questions.)**

A. Please list all activities you have been involved in within the last two (2) years. Activities include, but are not limited to, academic organizations, sports, clubs, employment, community service projects, volunteer organizations, etc. Please provide dates of enrollment/membership and all awards or recognition that you received from the above-listed activities.

B. Describe your family and living situation, including the number of members in your current household.

C. Describe anyone in your life you consider to be a mentor to you, and why you feel that way about them. Do you expect to keep in contact with them when you go to college?

D. Describe how you "Beat the Odds" in your life. State your reason(s) as to why you should be awarded a scholarship. Describe or explain the financial, emotional, physical, and mental hardship(s) you have faced in your life. (A hardship may be a long-term or ongoing situation, or a one-time life changing situation.) Please limit your answer to a maximum of two (2) pages.

E. If you have applied for this Scholarship Program before, please list all years in which you applied, whether you received an award, and if awarded a scholarship, the amount you were awarded.

F. Explain in detail your financial needs and your reason(s) as to why you should be awarded a scholarship. Explain how you would use the scholarship award.

G. State your educational plans upon graduation from high school. Provide any future or aspirational goals you intend or wish to accomplish.

III. Statement of Affirmation

I hereby authorize the Alexandria "Beat the Odds" Scholarship Program, its members and/or designee(s) to verify any and all information necessary for consideration.

I understand that receipt of a scholarship is conditioned upon my continuing with the goals and aspirations I provided in this Scholarship Application.

I understand and agree that my interview may be recorded by a member(s) and/or designee(s) of the Alexandria "Beat the Odds" Scholarship Program.

I also agree and acknowledge that if I am awarded a scholarship, my story may be used in materials publicizing the Alexandria "Beat the Odds" Scholarship Program, including newspaper articles or content in other media formats. I hereby agree and consent to such use and publication of my story by the Foundation of the Alexandria Bar Association.

If I am selected as a "Beat the Odds" Scholarship recipient, I understand and agree to attend an awards ceremony, prospectively to be held in April 2024. I understand that my story and I will be featured that evening as well as in the media.

If I am selected as a "Beat the Odds" Scholarship recipient, I shall designate how the scholarship award shall be used to the Treasurer (Yancey Ellis: yancey@carmichaellegal.com) of the Alexandria "Beat the Odds" Scholarship Program. I also understand that any award money shall be used by no later than **January 30, 2025** and any remaining balance shall be forfeited after that date.

I and my parent/guardian hereby acknowledge that each of us have read and understand all of the above, and that the information and statements made in this Scholarship Application are true and accurate to the best of our knowledge and belief.

Applicant

Date (MM/DD/YY)

Parent/Guardian

Date (MM/DD/YY)

Please save this Scholarship Application as a PDF file and send this Form via e-mail and/or first-class mail to the BTO Committee Chair:

Maana Parcham
520 King Street, Suite 301
Alexandria, VA 22314
(703) 746-4100
(703) 746-4466 [fax]
Maana.Parcham@alexandriava.gov

All Scholarship Nomination Forms must be received and/or postmarked by 5:00 p.m. on February 9, 2024.

All interviews will be held via Zoom.