

## **The Program**

The Stepping Stones Foundation in conjunction with the Mu Mu Mu Chapter of the Omega Psi Phi Fraternity, Inc. offers the Dave Beasley Scholarship to high school seniors in the Douglas, Carroll and Paulding Counties who have demonstrated outstanding achievements and moral character in their school and community.

## **Applicants must:**

Be a current graduating senior in the Douglas, Carroll or Paulding Counties School Systems who plan to enroll full time in an accredited two-year or four-year college or university in the United States for the 2019-2020 Academic Year. Must have a 3.0 GPA.

Demonstrate leadership and moral character in school and community activities.

## **Scholarships (Awards)**

Awards must be used for educational expenses at an accredited two-year or four-year college or university in the United States for a full-time course of study. Full-time study is defined as full-time enrollment for the entire 2019-2020 academic year.

## **Criteria**

Applicants are asked to describe outstanding achievements in an activity or project that occurred in their school or community. Consideration will also be given to academic and attendance records over the past four years.

## **Application**

To apply, complete the application package and submit with the recommendation/appraisal letter included by **March 31, 2019**. Return completed package to:

Stepping Stones Foundation  
Mu Mu Mu Chapter Omega Psi Phi Fraternity, Inc.  
Dave Beasley, Scholarship Chairman  
4907 Winterview Ln  
Douglasville, GA 30135

**Applicant Data:**

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

School Name: \_\_\_\_\_ Graduation Date: Month \_\_\_\_\_ Year: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

**CHECK ONLY ONE**

Are you a U.S. Citizen? (  )Yes (  )No If no, are you a legal U.S. resident? (  )Yes (  )No

Indicate your status: \_\_\_\_\_

Gender: (  )Male (  )Female

Indicate your status:

(  )American Indian/Alaska Native (  )Black/African American (  )White

(  )Multi-Racial (  )Asian (  )Hispanic/Latino (  )Native Hawaiian/Pacific Islander

Parent or Guardian Information:

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Post-Secondary School Data: Type of college you plan to attend. **CHECK ONLY ONE**

(  )4 yr. College or University (  )2 yr. Community or Junior College

Name of tentative school: \_\_\_\_\_

Tentative Major Subject: \_\_\_\_\_

**Transcript Information:**

An official high school transcript of grades must be sent with this application with a clear explanation of the high school’s grading scale. In addition, this section must be completed by the appropriate school official.

Cumulative GPA (3.0 or higher) \_\_\_\_\_

SAT \_\_\_\_\_ ACT \_\_\_\_\_

School Official’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

School Official’s Address:

Street \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Application Checklist**

The student is responsible for submitting all materials to **Mr. Dave Beasley, 4907 Winterview Ln, Douglasville, Ga. 30135**. Incomplete papers not conforming to the required format will not be evaluated. This application becomes complete and valid only when all of the following materials in one envelope have been received.

Student Application with completed Applicant Appraisal

Current complete transcript(s) of Grades (3.0 or higher)

All materials, including transcript are contained in the same envelope. We recommend a 9” x 12” envelope.

**POST MARK BY MARCH 31, 2019.**

**The Scholarship will be given upon verification of college or university enrollment.**

**CERTIFICATION**

The Dave Beasley Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the scholarship application. This application becomes the property of the Scholarship Committee; therefore, it is recommended that you keep a copy for your files. The committee will not be responsible for lost, late or misdirected, mutilated, incomplete, illegible or postage-due mail.

I acknowledge that the decisions of the Dave Beasley Scholarship Committee are final. I certify that I meet the eligibility requirements of the program, as described in the guidelines and the information provided are complete and accurate to the best of my knowledge. If requested, I will provide proof of information I have given on this form. Falsification of information may result in termination of any award granted. If selected as a scholarship recipient, I give the Dave Beasley Scholarship Committee permission to release my application, transcript, photograph and supporting documents to the sponsor for promotional and publicity purposes.

Applicant’s signature \_\_\_\_\_

Applicant's first and last name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

**Outstanding Achievement:**

Describe in detail one outstanding non-academic achievement that you have accomplished. Your achievement may be an activity or project in school or in your community. (Add additional pages if necessary)

**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the past four years (e.g., 4-H, Rotary, Hospital volunteer, Special Olympics). Note all special awards, honors and offices held.

Activity	No. of Years Participated	Special Awards	Office Held
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

Mail completed application to: 4907 Winterview Ln, Douglasville, Ga. 30135

**APPLICANT APPRAISAL**

This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. This section is to be completed by an unrelated adult who is familiar with your outstanding achievement.

**To the Appraiser:** You have been asked to provide information in support of this application. When completed, please return to the applicant. A letter of recommendation will be accepted.

**Applicant's Name:** \_\_\_\_\_

Describe specifically how the student accomplished his/her outstanding achievement **described in the student's application** by working hard, overcoming challenges, showing improvement, demonstrating commitment, and/or assuming extra responsibilities.

During your observation of the applicant, rate his or her ability to succeed in a college environment.

**Please comment in the spaces provided below:**

A. Compared with other similar students' accomplishments. The applicant's achievement as described

Far exceeded expectations \_\_\_\_\_

Exceeded expectations \_\_\_\_\_

Met expectations \_\_\_\_\_

Somewhat met expectations \_\_\_\_\_

B. The applicant demonstrated initiative and self-motivation

Consistently \_\_\_\_\_

Most of the time \_\_\_\_\_

Sometimes \_\_\_\_\_

Infrequently \_\_\_\_\_

C. The likelihood the applicant will continue to engage in similar activities or projects is

Very high \_\_\_\_\_

Moderately high \_\_\_\_\_

Probable \_\_\_\_\_

Unlikely \_\_\_\_\_

Appraisal's name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_ Telephone \_\_\_\_\_

Signature: \_\_\_\_\_ Organization \_\_\_\_\_

Date \_\_\_\_\_