

# 2019-2020

## Dr. Michael A. Evans, Sr. Scholarship Application



**Dr. Michael A. Evans, Sr. Scholarship Foundation is pleased to announce the awarding of scholarships to a designated number of deserving graduating high school seniors who will be continuing their education beyond high school in the 2019-2020 Academic School Year.**

2019-2020

# Dr. Michael A. Evans, Sr. Scholarship Application

## GENERAL INFORMATION

1. Complete scholarship packets must be mailed to the address below and postmarked no later than Tuesday, April 14, 2020:

Dr. Michael A. Evans, Sr. Scholarship Foundation  
P.O. Box 672  
Mansfield, Texas 76063

2. Applications will not be accepted in person, by hand, or via email. No Exceptions.
3. Incomplete application packets will not be considered. No Exceptions.
4. Scholarship interviews will be conducted April 1, 2020 - May 31, 2020, by appointment only.

## APPLICATION INSTRUCTIONS

**Please print or type all responses. For any question that does not apply, write “n/a” or “not applicable”.**

### Section I – Demographics

- Please use your full, legal name (i.e. First, Middle, and Last name).
- “D.O.B” means your date of birth.
- It is imperative that a working email address is provided in order to receive confirmation that the Dr. Michael A. Evans, Sr. Scholarship Foundation has received your application.
- “Resides with:” - Check all that apply.

### Section II – College Preference

- In order of preference, list all colleges, universities, and/or trade schools you have applied for admission. Begin with your first choice and end with your last choice. If necessary, use an additional sheet of paper with the heading “Section 2- College Preference”.
- Include the status of your admission application. If accepted, write, “accepted”. If your admission status is unknown, write, “pending”.
- Include your anticipated college major and/or minor. If this information is unknown, write “undecided”.

### Section III – Activities and Achievements (A-D)

- Include any and all activities you participated in while in high school. If you participated in multiple activities as a member of a particular club, group, organization, etc., then include the name of the group followed by “multiple”. For example, Volunteers of America (multiple), Habitat for Humanity (multiple).
- If necessary, use an additional sheet of paper with the heading “Section 3- Activities and Achievement”.

#### **Section IV – Scholarship Essay**

- Responses to each section must be typed on a separate document and conform to the following specifications:
  - **Spacing:** Single
  - **Font:** Times New Roman or Arial
  - **Font size:** 12-point.
  - **Margin:** 1-inch margins (left, right, top, and bottom)
  - **Essay Length:** Maximum 1 page (total).
  - **Paper:** 8 1/2 in. x 11 in. standard, white paper.

#### **SCHOLARSHIP DISBURSEMENT RULES**

- 1) Recipients of the Dr. Michael A. Evans, Sr. Scholarship are awarded the scholarship *prior* to the first semester of their anticipated college, university, or trade school. However, scholarship funds are disbursed *after* the Dr. Michael A. Evans, Sr. Scholarship Foundation receives an **official, sealed transcript from the Recipient’s academic institution (college, university, or trade school)**. The transcript(s) must reflect the following:

- ✓ Full-time enrollment status in accordance with the institution’s guidelines;
- ✓ Cumulative GPA of 3.0 or greater for each semester reflected. No rounding;
- ✓ Good standing (i.e. not on academic probation); and
- ✓ Enrollment in the next semester as a full-time student.

- 2) Recipients have 2 opportunities to receive awarded funds by submitting transcripts to the Dr. Michael A. Evans, Sr. Scholarship Foundation by the following deadlines:

<b><u>Transcript Semester</u></b>	<b><u>Submit no later than:</u></b>
<b>Fall 2020</b>	<b>January 31, 2021</b>
<b>Spring 2021</b>	<b>June 13, 2021</b>

- 3) Scholarship funds will be disbursed in two (2) installments. Requisite transcripts are required for each disbursement. Each transcript must be from two (2). **Lump sum payments will not be issued.** Example 1: John Doe submits a Fall 2020 transcript by the deadline, John receives one installment. John submits a Spring 2021 transcript by the deadline, John receives the second installment. N
- 4) In the event a Recipient is unable to meet the transcript and/or GPA requirement within the specified deadlines, the *Recipient* must contact Tina Green at 817-504-6002.

**\*\* Failure to timely submit transcripts may result in the forfeiture of all or part of the scholarship\*\***

# 2019-2020 Application

## Section I. Demographics (Please print or type)

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Applicant's Cell Phone: \_\_\_\_\_

Applicant's E-mail Address: \_\_\_\_\_

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

Resides with: Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Grandparents \_\_\_

Foster Care \_\_\_ Other \_\_\_ (Explain \_\_\_\_\_)

Father's Name: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

## Section II. College Preference

Name of University, College or Trade School	Admission Status (Accepted/Pending)

Your intended college major/minor \_\_\_\_\_

Applicant's Name  
\_\_\_\_\_

**Section III. Activities and Achievements**

**A. Church Ministry Involvement and Activities**

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**B. Community/Volunteer Service Activities**

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<b>Applicant's Name</b> <hr/>
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**C. High School Activities**

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**D. Academic Honors/Achievements**

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<b>Applicant's Name</b> <hr/>
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**Section IV. Scholarship Essay**

On a separate sheet of paper:

1. Give a brief history of yourself. State your goals and how they support to the major that you plan to pursue.
2. Explain how this scholarship will help you to achieve your goals.
3. Explain why you feel you merit this scholarship.

**The remainder of this page is intentionally left blank**

\_\_\_\_\_ Two Letters of Recommendation (Teacher/Counselor/Personal)

\_\_\_\_\_ Sealed Official High School Transcript

\_\_\_\_\_ Essay

\_\_\_\_\_ I understand that my application must be mailed to the following and postmarked *no later than* Tuesday, April 14, 2020:

Dr. Michael A. Evans, Sr. Scholarship Foundation  
P.O. Box 672  
Mansfield, Texas 76063

\_\_\_\_\_  
Signature of Applicant/Date

\_\_\_\_\_  
Signature of Parent or Guardian/Date

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*--For Dr. M.A. Evans, Sr. Scholarship Foundation use only--*

*Application received by:* \_\_\_\_\_  
*Dr. Michael A. Evans, Sr. Scholarship Foundation Representative*

\_\_\_\_\_  
*Date*



I, \_\_\_\_\_ (print name), give the *Dr. Michael A. Evans, Sr. Scholarship Foundation*, permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the *Dr. Michael A. Evans, Sr. Scholarship Foundation* activities. I agree that the *Dr. Michael A. Evans, Sr. Scholarship Foundation* have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *Dr. Michael A. Evans, Sr. Scholarship Foundation's* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc. for the use of such pictures, etc., and hereby release the *Dr. Michael A. Evans, Sr. Scholarship Foundation* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

\_\_\_\_\_ **I give my consent** to the *Dr. Michael A. Evans, Sr. Scholarship Foundation* to use my name and likeness to promote the *Dr. Michael A. Evans, Sr. Scholarship Foundation* programs, its fiscal agent, and/or their activities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent /Legal Guardian Date

\_\_\_\_\_ **I do not give my consent** to the *Dr. Michael A. Evans, Sr. Scholarship Foundation* to use my name and likeness to promote the *Dr. Michael A. Evans, Sr. Scholarship Foundations* program, its fiscal agent, and/or their activities.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Parent /Legal Guardian Date