



Restoring Lives Community Development Corporation College Scholarship Application

ELIGIBILITY AND APPLICATION PROCEDURES

Restoring Lives Community Development Center (RLCDC) is an organization comprised of a community of people joined together for the building and development of the community. We are pleased to offer the RLCDC Annual Scholarship Program. The goal of the RLCDC is to make a financial contribution to deserving and qualified applicants. Awardees will receive scholarships ranging between **\$500.00 and \$2,000.00**. Applications will be accepted from individuals aging from 17 to 19 years; graduating high school in **2018** with the intent of attending college as a freshman. Applicant must be graduating from one of the **following School Systems**. (*Prince William, Spotsylvania and Stafford*).

THE APPLICATION PACKET CONSISTS OF:

- 1) Application Form (a complete typed application receives higher score in the reviewing process)
- 2) A **typed** 250–300 word essay subject: **SEE PAGE 4**
- 3) College/university acceptance letter (**must be available prior to disbursement**)
- 4) Proof of Virginia Residency (photocopy of VA Driver license or HS identification)

APPLICATION AND NOTIFICATION PROCEDURES

- ✓ All applications must be submitted and postmarked NLT **May 31, 2018**. **EMAIL SUBMISSIONS WILL NOT BE ACCEPTED.**
- ✓ The scholarship recipients will be recognized during the RLCDC *14th Annual Greg Holley Scholarship Reception*. **Reception Information will be emailed to the scholarship recipients. Recipients must be available to attend the award ceremony.**
- ✓ Scholarships will be forwarded to the school NLT **August 17, 2018**. If the recipient changes schools, a new acceptance letter must be forwarded to RLCDC. Scholarships will expire on December 31, 2018. Expired awards will not be reissued under any circumstances.
- ✓ **It is the applicant's responsibility to ensure the application package is complete and received on time. RLCDC does NOT notify applicants when items are missing.** Incomplete or late applications will not be considered.

Submission methods:

1. Mail completed application package to:

**Restoring Lives Community Development Corporation
Attn: Scholarship Committee
PO Box 5184
Woodbridge, Virginia 22194**

- Applicants desiring immediate confirmation of delivery should use a mailing service that provides delivery confirmation. **Make sure your application package is postmarked NLT **May 31, 2018**.**

**Restoring Lives Community Development Corporation
Scholarship Application**

PO Box 5184
Woodbridge, Virginia 22194
(703) 490-7155
www.rlcdc.org
email: rlcdc@rlcdc.org

Deadline: May 31, 2018

Illegible applications will not be considered. An electronic version of this application is available at www.rlcdc.org.

PART I

NAME		
MAILING ADDRESS	CITY, STATE, ZIP CODE	
TELEPHONE #	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
E-MAIL		
HIGH SCHOOL		
HIGH SCHOOL MAILING ADDRESS	CITY, STATE, ZIP CODE	
TELEPHONE #	CURRENT GPA	
LOCAL/HOMETOWN NEWSPAPER	ADDRESS (CITY, ZIP CODE)	PHONE NUMBER ()
GUARDIAN/PARENTS INFORMATION		
NAME	NAME	
OCCUPATION	OCCUPATION	
ADDRESS (If different from above)	ADDRESS (If different from above)	
COLLEGE/UNIVERSITY INFORMATION		
NAME OF COLLEGE YOU PLAN TO ATTEND:		
FINANCIAL AID OFFICE MAILING ADDRESS	CITY, STATE, ZIP CODE	

PART II

1. List any school clubs or associations, which you participated.

2. List any extra-curricular activities (outside of school) which you are a member of or participated in.

-

3. List any honorary awards or achievements.

4. List any volunteer and/or community service activities.

(Letter of volunteer activities and hours is required from volunteer organization)

5. Where do you see yourself in ten (5) years?

PART III

- 1) Typed, double-spaced essay, between 250-300 words on the topic: **Explain in detail, if you had to change one thing in the world, what would it be, and how would you change it.**

Provide Essay on a Separate Sheet of Paper

I hereby affirm that the information provided in this application and give permission for review by members of the RLCDC Scholarship Committee.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

The RLCDC Scholarships Committee awards scholarships to applicants of both sexes and of any race, color, creed, and national or ethnic origin. It does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, or against otherwise qualified disabled students in the granting of scholarships.



Restoring Lives Community Development Corporation

Media/Talent Release Form

Restoring Lives Community Development Corporation
PO Box 5184
Woodbridge, Virginia 22194
Ph: 703-490-7155

I, _____, hereby assign and irrevocably grant to Restoring Lives Community Development Corporation (RLCDC), its licensees, agents, successors, and assigns, the right (but not the obligation), in perpetuity throughout the world and in all media either now or heretofore unknown, to use in any manner RLCDC deems appropriate, and without limitation in and in connection with the event to be produced by and/or for RLCDC, if any, by any means exhibited, advertised or exploited, my appearance in the film/videotape, still photographs of me, electronic representations and/or recordings of my voice taken or made of me by it, any music sung or played by me, and my actual or fictitious name. On my own behalf, and on behalf of my heirs, next of kin, executors, administrators, successors and assigns, I hereby release RLCDC, of any form, liabilities and damages arising out of the rights granted hereunder, or the exercise thereof, arising from the same terms of this Agreement.

(Scholarship Recipient)

(Date)

(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Name of High School and College Attending)

(RLCDC Authorized Representative)

(Date)

I confirm that I am the parent or legal guardian of (talent/ speaker/performer), and I hereby irrevocably consent to the foregoing grant and agreement on his or her behalf. I hereby indemnify RLCDC, its licensees, agents, successors and assigns, and defend and hold each of the foregoing harmless from any and all damages, losses and expenses resulting from any actual or purported disaffirmance or rescission of this agreement by the signatory thereto.

(Signature of Parent or Legal Guardian)

(Date)

NOTE: This Page must be submitted with application

INCOME WILL BE USED TO DETERMINED ELIGIBILITY.

ANNUAL HOUSEHOLD INCOME RANGE	
<input type="checkbox"/> Below \$20,000	<input type="checkbox"/> \$45,001 - \$55, 000
<input type="checkbox"/> \$20,001 – \$35,000	<input type="checkbox"/> \$55,001 - \$75,001
<input type="checkbox"/> \$35,001 – \$45,000	<input type="checkbox"/> \$75,001 - \$100,000
	<input type="checkbox"/> Above \$100,000