



## **APPLICATION FOR SCHOLARSHIP**

Zoe Brooke Loren graced our family and community for sixteen short years. We were privileged and blessed to have a child who was gracious, was a loyal friend, spread laughter wherever she went, and generously doled out love and gratitude. Zoe was involved in many service activities, and her hope was to make an impact on the world beyond herself.

The Zoe Loren Make a Difference Foundation was born from our grief as a way to celebrate her beautiful life. The foundation will continue Zoe's commitment to making a difference, and hopefully inspire others to do the same.

The primary mission of the Zoe Loren Make a Difference Foundation is to honor Zoe's life by providing educational opportunities to deserving students.

The Scholarship award will be \$4,000.00. The scholarship will be disbursed in two parts: \$2,000.00 will be sent directly to your college before the Fall and Spring semesters of your first year. The student will provide the Foundation with the contact information for the bursar's office of their college. The Foundation will then send the funds directly to the student's school.

### **CRITERIA FOR SELECTION**

1. Academic ability and high achievement: Two substantive assessments by teachers providing confidential letters of recommendation. We will consider applicants with a GPA of 3.0 or above, achievement test scores, commitment to learning and work ethic. Applicants must provide a current report card.
2. Unmet financial need: Limited family income and insufficient funds to cover education-related expenses. Applicants and family must provide a current tax return with the application. The application deadline is **May 15, 2020**.
3. Leadership and public service: Initiative on behalf of others (e.g., participation in volunteer, community, and school-related activities).
4. Critical-thinking ability: Responses to application questions that demonstrate critical thinking.
5. The applicant must be enrolled in college for the Summer or Fall semester after high school graduation.

The foundation does not discriminate against its applicants based upon race, color, ethnicity, national origin, creed, religion and gender.

Applicant Name: \_\_\_\_\_

Application Checklist

- \_\_\_\_ Student Application
- \_\_\_\_ Copy of entire 2019 Federal Tax Forms and W-2 Form(s), schedules and attachments
- \_\_\_\_ Copy of current report card
- \_\_\_\_ Copy of score report from SAT and/or ACT test
- \_\_\_\_ Two High School Teacher Recommendation in a signed, sealed envelope
- \_\_\_\_ Recommendation from the supervisor of one of your volunteer/civic activities.  
Recommendation must be submitted in a signed, sealed envelope.

Submit all parts of the application together in the same package postmarked by **May 15, 2020**. Do not submit non-required materials (e.g., additional letters of recommendation or writing samples). Please *do not* send application by certified and/or returned receipt mail.

**Mail the entire package to:**

**The Zoe Loren Make a Difference Foundation  
Attn: Evonn Loren  
127 Siesta Way  
Palm Beach Gardens, FL 33418**

## APPLICANT INFORMATION

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

Student E-mail address: \_\_\_\_\_

Student Home Phone #: \_\_\_\_\_ Student Cell Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Gender: Male/Female

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

Last 4 digits of Social Security Number: \_\_\_\_\_

## ACADEMIC INFORMATION

Current High School: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

Guidance Counselor Phone #: \_\_\_\_\_

Guidance Counselor E-Mail Address: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Un-weighted GPA: \_\_\_\_\_

Weighted GPA: \_\_\_\_\_

### SAT SCORES

Verbal: \_\_\_\_\_

Math: \_\_\_\_\_

Writing: \_\_\_\_\_

ACT Composite: \_\_\_\_\_

College Acceptance Status (Indicate the name of the school you will be attending): \_\_\_\_\_

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Applicant Name: \_\_\_\_\_

### **EMPLOYMENT HISTORY**

Please list any jobs held during High School

Employer Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_





## AUTHORIZATIONS & VERIFICATIONS

**Please read the following paragraphs and sign below indicating you are in agreement.**

1. I give The Zoe Loren “Make a Difference” Foundation permission to use my name, any photograph, and writings provided to the organization to be used in any of its publication materials, reports, press releases, and activities associated with its scholarship programs. I understand that all financial information is, and shall remain, confidential.
2. I authorize the Financial Aid Office of my high school to release information regarding my financial aid package, and any other financial resources I may be receiving, to the Zoe Loren Make a Difference Foundation. I authorize the Zoe Loren Make a Difference Foundation (including their Selection Committees) to review my academic file.
3. The information supplied is true and correct to the best of my knowledge. I understand that all information is subject to verification and that falsification of information will result in termination of any scholarships granted.

Parent or Legal Guardian:

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

Printed Name: \_\_\_\_\_

Student:

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

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_



### Letter of Recommendation re Volunteer Activity

Student Name: \_\_\_\_\_

Name of Recommender: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

Please type or print your letter, which must address the following issues/questions. Please seal the recommendation in an envelope and sign the flap of the envelope. The student will include your sealed recommendation in his/her application packet. Their application must be postmarked by **May 15, 2020**.

1. What is the relationship between you and the person applying for the scholarship?
2. What service activity did the student perform?
3. What was the student's leadership role in this activity (if any)?
4. Please describe the following regarding the applicant:

- Effort/Determination
- Organization and Time Management Skills
- Responsibility
- Creativity
- Concern for Others
- Ability to Work Independently
- Honesty/Integrity





### **Teacher Recommendation**

Student Name: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Please type or print your letter, which must address the following issues/questions. Please seal the recommendation in an envelope and sign the flap of the envelope. The student will include your sealed recommendation in his/her application packet. Their application must be postmarked by **May 15, 2020**.

1. What is the student's academic performance in your class?
2. What is their intellectual potential and intellectual curiosity?
3. Please describe the following regarding the applicant:
  - Motivation level
  - Organization and Time Management Skills
  - Responsibility
  - Creativity
  - Concern for Others