



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 17, 2019**.
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 2018 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 17, 2019**. 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: _____

Citizenship Status: _____ 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): _____

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 17, 2019**.

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 17, 2019**.

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