



## 2018 Dr. Barbara Odom-Wesley Spirit of Achievement Scholarship \$3,000 Scholarship Application Packet

### Scholarship Guidelines:

This scholarship may be used at any two or four-year College or University  
(Trade, Technical and Cosmetology Schools are ineligible.)

### Eligibility:

African-American female high school senior attending school in Tarrant County or Grand Prairie, Texas:

- Minimum of 2.5 cumulative GPA on a 4.0 scale
- Completed Scholarship Application
- Complete Academic Profile
- Complete Community Service Verification
- Application and required documents must be postmarked by **February 17, 2018** – **submissions postmarked after the deadline will not be considered.**
- If applicant becomes a finalist, a personal interview **may be** required. Finalists will be notified of interview by **March 17, 2018**

### Application Package:

- Official application form
- Completed Academic Profile – Must be signed by high school counselor. Submitting an incomplete form will disqualify your application.
- Official high school transcript - Transcript must be unopened with the counselor's signature along the back of the envelope. **Submitting an unofficial transcript will disqualify your application.**
- Proof of SAT or ACT score – All scores must be sealed and unopened. Students can order their scores from the ACT/SAT testing websites. **Submitting unsealed scores will disqualify your application.**
- Two letters of recommendation from any of the following categories:
  - School - Teacher, Principal, Counselor
  - Community – Community Organization Sponsor, Civic Leader, Minister/Pastor
  - Sorority - Member of Alpha Kappa Alpha Sorority
- 1000 word typed essay, 1" margin, doubled spaced, 12 point - Times Roman font style on the topic:
  - **How do you achieve excellence in leadership?**

*Scholarship funds will be disbursed and administered through the college or university upon receipt of proof of enrollment.*

### Mail Completed Application Package to:

**The Arlington Foundation for Excellence in Education**

Attn: Scholarship Committee

P. O. Box 150301

Arlington, Texas 76015

**For more information, please contact:**

[Scholarships@arlingtoneducation.org](mailto:Scholarships@arlingtoneducation.org)

Or visit [arlingtoneducation.org](http://arlingtoneducation.org)

**The Arlington Foundation for Excellence in Education  
2018 Dr. Barbara Odom-Wesley Spirit of Achievement Scholarship**

**APPLICATION**

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

High School: \_\_\_\_\_ City: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Alt. Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

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

**Activities (School, Church, Community, Youth Groups):**

**Offices held at School, Church, Club, or Other:**

**Special Awards or Honors:**

**The Arlington Foundation for Excellence in Education  
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<b>Community Service Experience*</b>
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Organization	Total # of Hours	Supervisor	Supervisor Phone

*\*Or you may turn in other applicable proof of community service experience.*

I certify to the best of my knowledge that the information I have given on this application is true and correct. I understand that any false statements could disqualify me from eligibility to receive the scholarship.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

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**ACADEMIC PROFILE**

**This form must be completed and signed by your high school counselor.**

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

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

High School Address: \_\_\_\_\_

Test Score: SAT \_\_\_\_\_ ACT \_\_\_\_\_

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

Class Rank: \_\_\_\_\_ Class Size: \_\_\_\_\_

CUM GPA (If GPA is on the 100-point scale, please convert to weighted 4.0/5.0 Scale: \_\_\_\_\_

**I certify to the best of my knowledge that the information given on this academic profile form is correct.**

Print Name: \_\_\_\_\_

Counselor: \_\_\_\_\_

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

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

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