ATAYA KASER MEMORIAL SCHOLARSHIP INSTRUCTIONS

To be filled out by the applicant and received by the Ataya Kaser Memorial Scholarship Committee by April 1, 2019. The winner will be announced on April 29, 2019 by the Scholarship committee. This Scholarship of \$1000 will be awarded after completion of the fall term of the students first year of college to support tuition, textbooks, and/or student fees. The funds will be sent upon receipt of the students fall 2019 transcripts no later than February 1, 2020.

With this application please include the following:

- 1. Application form
- 2. 500-750 word essay
- 3. High School transcripts showing at least a 3.0 unweighted GPA. Copies of original transcripts are acceptable

Note:

Applications received by the Ataya Kaser Memorial Scholarship Committee after April 1, 2019 will not be reviewed. Applications that are missing materials or where essays do not follow guidelines will not be reviewed.

ESSAY INSTRUCTIONS

Topic:

What do you think is an important challenge facing the safe haven law today? Propose a possible solution.

Format:

- 500-750 words
- 12 point font, Times New Roman
- Single Spaced
- Normal, 1+Margins

Evaluation Criteria:

- Quality of writing
- Originality
- Is the challenge described accurately and of significant importance?
- Is the proposed solution feasible and relevant?
- Does the essay clearly explain how the student intends to contribute to solving the Safe Haven challenge in the future?

Application materials may be emailed or mailed to the address below:

Attn: Corie Walls
Safe Haven Baby Boxes
Ataya Kaser Memorial Scholarship
PO Box 185
Woodburn, IN 46797
Corie@safehavenbabyboxes.com

Questions related to the application should be referred to Monica Kelsey at 260-750-3668 or by email at Monica@SafeHavenBabyBoxes.com



Ataya Kaser Memorial Scholarship

STUDENT SCHOLARSHIP APPLICATION FORM

Applicant Information										
Full Name:						Date:				
	Last		riisi		М.І.					
Address:	Street Address					Apartment/Unit #				
	City				State	ZIP Code				
Phone:				Email						
Student ID #	<u> </u>	Last 4	of SSN#.	<u>:</u>	Date of Birth:					
Are you a res	sident of Allen County	?								
Are you currently employed?				If yes, where	?					
YES NO Have you ever been convicted of a felony?										
If yes, explai	in:									
Education										
High School: Address:										
Expected Gr	aduation Date:									
From:	To: Unweighted GPA:					_				
	_		Re	ferences	_					
Please list to	wo professional refe	rences. (Coa	ach, Ment	or, Teacher or F	Pastor)					
Full Name:					Relations	hip:				
Company:					Pho	ne:				
Address:										
Full Name:					Relations	hip:				
Company:					Pho	ne:				
Address:										

May we contact your personal references?	YES	NO							
Company: Address:			Phone:Supervisor:						
Job Title: Starting S	Starting Salary:			Ending Salary:\$					
Responsibilities:									
From: To:	Reason fo	or Leaving:_							
May we contact your previous supervisor for a reference?	YES	NO							
Military Service									
Branch:		From:	To:						
Enlistment date:									
Have you attended Boot Camp?:									
Disclaimer and Signature									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to me being awarded a scholarship, I understand that false or misleading information in my application or interview may result in my release.									
Signature:			Date:						