



THE GIVEBACK FOUNDATION SCHOLARSHIP APPLICATION

The GiveBack Foundation is pleased to award a college scholarship to a graduating high school senior who has demonstrated leadership qualities in his/her extensive participation in Community Service.

The requirements are as follows:

- Must submit scholarship packet before May 15
- Must have a minimum of a 2.5 Grade Point Average
- Must have acceptance to a college or university
- Must show documentation verifying Community Service

APPLICATION PROCEDURE

The following must be submitted:

- Completed application
- Current High School transcript
- Two letters of recommendation; one must be from a teacher and one must be from a Community Service Advisor
- A copy of your College Acceptance Notification from college or university you plan to attend
- An essay on "How Community Service Has Affected My Life." Essay must be typed and no more than 500 words in duration

TERMS

Submission of this application authorizes The GiveBack Foundation to use your name, photograph, and other pertinent information in all publicity statements and releases if you are selected as a scholarship recipient.

The selection of recipient will be made by an independent panel. The panel's decision will be final, providing that the recipient adheres to the guidelines set forth by The GiveBack Foundation. If the recipient does not adhere to the guidelines, another recipient will be selected from entries already received.

All decisions made by The GiveBack Foundation regarding eligibility will be final and binding.

SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

DATE OF BIRTH _____

TELEPHONE # _____

PRESENT HIGH SCHOOL _____

SAT/ACT SCORE _____

COLLEGE/UNIVERSITY INFORMATION

SCHOOL YOU PLAN TO ATTEND _____

CITY, STATE, ZIP _____

DEGREE YOU PLAN TO PURSUE _____

COLLEGES/UNIVERSITIES APPLIED TO (PLEASE NOTE IF ACCEPTED):

COMMUNITY SERVICE ACTIVITIES (may use separate paper if necessary):

DISCLAIMER

I have read and I understand the requirements and terms of The GiveBack Foundation Scholarship Program. I certify to the accuracy of the foregoing facts in this application.

Signature _____ *Date* _____

PARENT OR GUARDIAN APPROVAL

I approve of my son's or daughter's participation in this scholarship application process. I have read the qualifications listed for this program and I certify that he/she meets the qualifications, as I understand them.

Signature _____ *Date* _____

Name (printed) _____ *Telephone #* _____

Send completed applications to: The GiveBack Foundation
 PO Box 535
 Allentown, New Jersey 08501

ALL APPLICATIONS MUST BE RECEIVED PRIOR TO MAY 15, 