 ***WAVES 4 K.l.D.S. Scholarship Application***

Please type or print all information requested. Incomplete applications will not be considered. We encourage you to seek the assistance of your Guidance Counselor, Social Worker or parent when completing this application. If any question does not apply to you please enter N/A in the space.

**PERSONAL INFORMATION:**

Name:



Address:



Date of Birth:



Home Phone Number:



Cell Phone Number:



Email Address:



High School(s) Attended:









**PROGRAM INFORMATION:**

Accredited college/university/technical/vocation school/program you wish to attend or are currently attending



If you applied to more than one school or program, please indicate all:



*Note: Any medical information will remain confidential as WAVES 4 K.l.D.S. complies with HIPPA requirements.*

**SUPPLEMENTAL INFORMATION:** (Attach additional page(s) if necessary.)

Academe Awards/Achievements/Certificates - Indicate the title and date of the award.





Past School .Activity/Sports- (If you held an Office, please note that.) Indicate the activity/sport/,

and the years in which you participated.





Community Involvement - Including any type of volunteer work for your town, school, neighborhood families, religious organization, etc. (If you held an Office, please note that.) Describe the activity and the years in which you participated.





Employment Information -Including summer job, part time work, seasonal work, babysitting. Please list the name of the business, the title of the job, type of job, dates of employment and descriptions of your duties.









Why did you make these choices?



Intended course/program of study:



Number of years/months of course/program:



Expected date of college graduation/certification



How did you hear about this scholarship?





Do you have special circumstances (i.e. family or home responsibilities, job responsibilities, medical expenses, etc.)? Please be specific:





**Department of Social Services (DSS) information**

Name of your past or current DSS contact person:



DSS contact person day phone and email address:



Is a letter verifying your involvement with DSS provided?





**ADDITIONAL DOCUMENTS REQUIRED**

* Birth Certificate or other verification of lawful residency in the United States.
* Letters of Recommendation - Provide at least one letter of recommendation from an adult in the community.
* Essay -This should be a typewritten essay of at least 300 words, but no more than 1,000 words, explaining your career goals and plans and include challenges you have faced. Describe what being a scholarship recipient would mean to you. This should be a polished, edited essay that represents the best of your ability and gives us a better sense of you beyond your transcript and list of activities.
* Transcript of high school grades.
* Copy of the acceptance or offer letter where you have been accepted.
* Financial Aid package -When it becomes available, provide a copy of the Financial Award Package from the school where you have been accepted which shows the Cost of Attendance. Estimated Family Contribution and a list of all Financial Aid you have accepted for the upcoming year.
* Class Schedule if you are currently in attendance at the school, or after registration, showing full-time enrollment.

**RELEASE STATEMENT**

I hereby release the preceding information to the WAVE.S 4 K.I.D.S .Education and Development Fund Committee, and allow the Committee to verify any of the information and/or contact any of the persons so referenced in this grant application or in submitted documents. Unless special circumstances exist, I will allow WAVES 4 K.I.D.S. to publicize any award that may be received; including photographs in local newspapers, website posting and other media sources. I certify that the above information is correct to the best of my knowledge and I understand that this information will be kept strictly confidential, for sole use in conjunction with the application process for this scholarship award.

Signature of Applicant Print Name of Applicant

 

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

**Send this completed form by March 31, 2025 along with all supporting documents to:**

**WAVES 4 K.l.D.S. P.O. Box 162, Bolivia, NC 28422 or** [**waves4kidsscholar@gmail.com**](mailto:waves4kidsscholar@gmail.com)

Note: Please retain a copy of this application for your records