

A.R.C. Angels Foundation
SCHOLARSHIP APPLICATION



Applicant Information

Full Name: _____
Last *First* *Middle Initial*

Address: _____
Street Address *City/State/Zip Code*

Phone: _____

E-mail: _____

Birth Date: _____
MM/DD/YY

High School Data

School Name: _____

Graduation Date: _____
Month/Year

ACT Score: _____ *Please attach official documentation from school.*

SAT Score: _____ *Please attach official documentation from school.*

Class Rank: _____ *Please attach official documentation from school.*

Cumulative GPA: _____ *Please attach official documentation from school.*

College/University/Trade School Data

Please list all schools you are applying to. *Please attach any acceptance letters you have received to date.*

School Name/City/State: _____

School Name/City/State: _____

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Goals and Aspirations

Briefly summarize your plans as they relate to your educational and career objectives and long-term goals.

Suicide Prevention Activities

Please attach a written summary of no more than 750 words describing your participation in activities related to suicide prevention—e.g. clubs, volunteering, fundraising, education, and participation in other organized activities designed to raise awareness of and/or support suicide prevention initiatives.

Recommendation(s)

Attach at least one recommendation from a teacher, guidance counselor, or recent work supervisor who knows you well (you may choose to submit more than one). Recommendations may be in a separate sealed envelope but must be included with the application.

Application Checklist

The student is responsible for submitting all required materials to A.R.C. Angels Foundation on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- | | |
|--|--|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> Suicide prevention activities essay |
| <input type="checkbox"/> GPA, class rank, and SAT score documentation from school | <input type="checkbox"/> Recommendation(s) |
| <input type="checkbox"/> Copy of official acceptance letter to accredited college/university/trade school (when available) | |

Scholarship Recipient Requirements

Each scholarship recipients must provide the address of the Financial Aid Office of the college/university they will attend, along with their Student ID #, in order to have the funds directly distributed by Sept. 30th or the funds will expire. Each recipient will also submit a photograph (senior photo or headshot) for use on AAF's website and/or social media sites.

Certification

The Board of A.R.C. Angels Foundation (AAF) has the sole responsibility for selecting recipients and awarding scholarships at its discretion, based on criteria as set forth in AAF's bylaws and policies. This application becomes the property of AAF. It is recommended the student keep a copy for their files.

I acknowledge decisions are final. I certify I meet eligibility requirements as described on the AAF website and the information provided is complete and accurate to the best of my knowledge:

Applicant's Signature: _____ Date: _____

**Mail or deliver completed application and all supporting materials to:
Rick Cantor, 16502 Meadow Hawk Drive, Wildwood, MO 63038**