



# COMMUNITY FOUNDATION

*of South Alabama*

## The Community Foundation of South Alabama's Michael Malone Memorial Scholarship Application

### Scholarship Criteria:

This scholarship is for a resident of Baldwin County, AL. Eligible students must plan to major in a Law Enforcement field, i.e., Forensic Science, Criminal Justice, etc., or be a son or daughter of a parent(s) who is an employed member of a Law Enforcement Agency that operates within Baldwin County. Financial need, academic performance and community service will also be considered.

Deadline: **April 1**

Applicants must mail a completed application and required information to:

Bessie W. Malone  
800 Veterans Road  
Gulf Shores, AL 36542

### **Applicant Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 digits of Social Security Number \_\_\_\_\_

Parent Occupation \_\_\_\_\_

**Education Information:**

High School Name \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Principal \_\_\_\_\_ Guidance Counselor \_\_\_\_\_

Unweighted High School GPA \_\_\_\_\_ Weighted High School GPA \_\_\_\_\_

Highest Composite ACT Score \_\_\_\_\_ Highest SAT Score \_\_\_\_\_

Name of Post-Secondary School you plan to attend \_\_\_\_\_

Have you been accepted to the above institution (Yes/No/Pending)? \_\_\_\_\_

Enrollment Status (Full-time or Part-time) \_\_\_\_\_

Declared Major (if known, enter the name of your declared or intended major or field of study. If unknown, enter unknown. \_\_\_\_\_

**Financial Information:**

Below provide the estimated expenses & available resources for one year at the institution you will be attending/plan to attend in the upcoming school year.

**Annual Expenses**

**Annual Resources**

Tuition & Fees: \_\_\_\_\_

Employment: \_\_\_\_\_

Room & Board: \_\_\_\_\_

Personal Savings: \_\_\_\_\_

Books/Supplies: \_\_\_\_\_

Grants/Scholarships (secured): \_\_\_\_\_

Other/Miscellaneous: \_\_\_\_\_

Loans: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Total Resources: \_\_\_\_\_

Family's Total Adjusted Income (List your family's total adjusted income from the most recent federal tax return.) \_\_\_\_\_

Other siblings & ages: \_\_\_\_\_

\_\_\_\_\_

**Required Attachments:**

**References.** Provide the attached reference forms to two (2) individuals to complete regarding your academic merit and/or community engagement/service. These individuals should be non-family members and someone who can speak to your qualifications related to the scholarship. Instruct the recommender to place the completed form and reference letter in a sealed envelope. Forms must be received prior to the application deadline on March 2, 2020.

**Resume.** Attach your resume to this application. The following are some examples of information to include: school activities, community activities, work experiences, awards, leadership positions held, etc.

**Personal Essay.** Submit a personal essay describing your character, aspirations, education and career objectives and future goals. Also, if applicable, report any unusual family, personal or financial circumstances which you think warrant consideration. Maximum of two typewritten pages (single space, font Times New Roman, size 12).

**Academic Transcript.** An official academic transcript from your high school must be included with the scholarship application.

**Student Aid Report.** If there is a financial need criterion for the scholarship, attach a copy of your Student Aid Report (SAR) compiled from your Free Applications for Federal Aid (FAFSA) Form. If you do not have a SAR, please contact the primary contact for the scholarship to determine next steps.

**Application Certification & Publicity Release**

*Please review and provide your signature in the following section. If you are under the age of 19 years old, you are required to also have your parent or legal guardian review and sign below.*

I certify that the information provided in connection with my application for the scholarship is complete and accurate to the best of my knowledge, and that neither I nor any of my immediate family members are related to the donor. I understand that falsification of any information provided in connection with my application may result in termination, forfeiture and/or recoupment of any scholarship that I may be awarded.

I also acknowledge that upon submission, this application and any essays or supplemental information submitted herewith become property of The Community Foundation of South Alabama (the "Foundation"), and may be released to the donor as necessary or requested by the donor for purposes of administering the scholarship. If selected as a recipient of the scholarship, I authorize and consent to the release and use of my name, photograph and biographical information by the Foundation and/or the donor for publicity releases and other promotional and/or marketing materials related to the scholarship.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

Provided by:

The Community Foundation of South Alabama  
PO Box 990, Mobile, AL 36601 (251) 438-9951  
Email: nfranklin@communityfoundationsa.org

# Scholarship Appraisal Form

Please complete the following form and place in a sealed envelope & return to applicant to be included with application.

Name \_\_\_\_\_

Organization & Title \_\_\_\_\_

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

Relation to Applicant (e.g. academic advisor, guidance counselor etc) \_\_\_\_\_

How long have you known the applicant?

\_\_\_\_\_ Less than one year          \_\_\_\_\_ 1-2 years          \_\_\_\_\_ 3-5 years          \_\_\_\_\_ 5+ years

How well do you know the applicant?

\_\_\_\_\_ Not Well          \_\_\_\_\_ Moderately Well          \_\_\_\_\_ Very Well          \_\_\_\_\_ Extremely Well

On a scale of 1—5, please indicate the level to which you agree with the following statements based upon your experience with the applicant. 1: Strongly Disagree 2: Disagree 3: Neutral 4: Agree 5: Strongly Agree

The applicant has consistently demonstrated a high level of academic success.

1                      2                      3                      4                      5                      N/A

This applicant has demonstrated the ability to set realistic goals and work towards achieving those goals.

1                      2                      3                      4                      5                      N/A

This applicant has shown an outstanding level of commitment or perseverance in working towards his/her goals.

1                      2                      3                      4                      5                      N/A

This applicant has demonstrated very strong work ethics and habits.

1                      2                      3                      4                      5                      N/A

This applicant has demonstrated the ability to lead, whether in an official role or by example.

1                      2                      3                      4                      5                      N/A

This applicant has demonstrated a high level of responsibility.

1                      2                      3                      4                      5                      N/A

This applicant will continue to be an engaged member of any community he or she is a part of in the future.

1                      2                      3                      4                      5                      N/A

A letter of recommendation is also required. Please share any information or comments about the applicant that you feel would be helpful to the scholarship committee and attach to this form. Do not exceed one typed, single spaced page with Times New Roman, size 12 font.

**CERTIFICATION:** All information on this form is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number and email address: \_\_\_\_\_

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