



DR. JOSEPH & STEPHAINÉ
WALKER
FOUNDATION

*Impacting the World Through
Education, Outreach and Mentorship.*

Scholarship Application

Instructions:

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to the address at the bottom of this application no later than July 30th.
2. Please complete one application for each scholarship.
3. Please submit a new application for each year or as required by scholarship criteria
4. All students who receive a scholarship will be required to maintain an e-mail address to which e-mails in connection with the scholarship can be sent.

I. General Background Information:

Applicant's Full Name _____

Date of Birth (MM/DD/YYYY): _____/_____/_____

Applicant's Permanent Address:

Street _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address _____

Parents Name _____

College or University you plan to attend:

Name: _____ City/State _____

II. Educational Background:

If you are a high school student, please list the high school(s) you have attended (use additional paper if necessary).

If you are a college student, please list the college(s) you have attended (use additional paper if necessary).

Name	Address and Phone Number	Dates Attended	Grade Point Average

Graduation Month/Year ____/____ Major/Minor (if applicable) _____

SAT Results: V _____ M _____ W _____ TOTAL: _____

ACT Results (if applicable): _____

List all extracurricular school activities below:

List all community service/volunteer activities:

List and describe your leadership experience(s):

List any awards and/or honors you have received. Include the year each honor was received.

SPECIAL CONSIDERATIONS (can include some of the following: death of a student’s parent or guardian; disability of student; other unusual expenses or circumstances):

III. Employment History: List your last three employers in the space provided.

Employer	Address and Phone	Your Role	Date(s) of employment

IV. References:

List the names and contact information of the 3 people who will be writing letters of recommendation on your behalf. These individuals should not be related to you.

1. Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address _____

2. Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address _____

3. Name _____

Address _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address _____

VI. Essay: Recognizing that success is often birthed through adversity, in 500 words or less, tell us about a situation where you faced challenges and describe how you chose to overcome them.

VII. Scholarship Information:

List all scholarships, financial aid, or other financial assistance you have been awarded for your college education (use additional paper if necessary):

Name of Scholarship	Name and Address of person/entity giving the scholarship	Amount of Scholarship

Please provide a list of all colleges to which you have applied (use additional paper if necessary):

Name of School	Address and Phone Number	Accepted? Yes/No	If yes, provide a copy of letter (X)

Checklist: Did you include or arrange for the following?

A. Scholarship Application.

B. At least 2 letters of recommendation

C. Transcripts: A complete, official, school-issued high school transcript of grades. If for some reason this is not available (as in the case of a three-year graduation program), submit a letter of explanation. Unofficial transcripts will NOT be accepted. If you are a college student ALSO submit your most updated official college transcript.

D. A copy of your diploma/graduation certificate and indication of class ranking.

E. A copy of an acceptance letter from an approved college or university.

F. A copy of your scores on the SAT. If this test is not given in your area, provide the scores from the comparable test that is given. Other scholastic aptitude test results may be submitted at the discretion of the applicant.

G. Answers to the short answer questions and essay.

H. A stamped, self-addressed envelope.

Please mail completed form along with other required information to the address below:

Drs. Joseph and Stephaine Walker Foundation

P.O. Box 332125

Nashville, TN 37203

****NO FAXES ACCEPTED**

****APPLICATIONS RECEIVED AFTER JULY 30th WILL NOT BE ACCEPTED.**

****FINAL, COMPLETE, OFFICIAL TRANSCRIPTS AND DIPLOMAS MUST ARRIVE NO LATER THAN JULY 30.**