Dr. Anissa McNeil Education Endowment

Unstoppable Awards
for
Foster Youth

2020 Scholarship Application

For more information regarding the scholarship application process and detailed information about the Unstoppable Awards please visit www.unstoppablewards.org
The Unstoppable Awards

The Unstoppable Awards were created by Dr. Anissa McNeil to assist foster youth to achieve their education goals.

Scholarships Offered:

We will award a designated number of foster youth with a scholarship ranging from $500.00 to $2,500.00 to attend a 4 year college/university or trade school. The award will be issued directly to the college or university upon evidence of enrollment in a college, university, or trade school and demonstrated financial need.

Scholarship Eligibility:

1. Applicant must be a US citizen.
2. Applicant must be a foster youth and able to verify that you are a foster youth.
3. Applicant must be a high school senior, attending school in Los Angeles, Orange, San Bernardino, or Riverside County.
5. Applicants GPA must range from a 2.3 – 3.2 and submit a transcript.
6. Applicant must demonstrated how he or she has overcome significant obstacles or challenges.
7. Applicants must submit a letter of recommendation.
8. Applicant may be currently or formerly on probation.

Scholarship Application Deadline: April 15, 2020. Applications must be post marked by Wednesday, April 15, 2020. Late or incomplete applications will not be accepted-no exceptions.

Semi-Finalist Interviews will be held on May 2, 2020.

Finalist will be honored at: The Unstoppable Award Luncheon on June 6, 2020 from 1-3pm. Location TBD and will be provided to all finalist upon selection.
The Unstoppable Awards

Application Process

1. Complete pages 4 through 10

2. Unstoppable Statement
   In a minimum of 500 to maximum of 750 words write a personal statement which describes your experience in foster care, school, and the challenges or obstacles which you have overcome.

3. Complete a letter of recommendation by a professional which indicates statements about your attitude towards life and learning.

4. Foster Youth Verification Form

5. School Certification Form

6. Copy of Transcript

7. Personal Signature/Consent to Release Photo Form

Scholarship Application Deadline: April 15, 2020. Applications must be post marked by Saturday, April 15, 2020. Late or incomplete applications will not be accepted-no exceptions.
UNSTOPPABLE AWARD APPLICATION

I. PERSONAL INFORMATION:

Legal Name in Full: ____________________________________________________________

(Print/Type) LAST FIRST M.I.

Address: _________________________________________________________________

STREET ADDRESS, APT NUMBER

CITY __________________________ STATE ______ ZIP __________

(______) ______________________ (______) ______________________

HOME PHONE MOBILE PHONE

______________________________________________________________

EMAIL ADDRESS

____/____/_______ __________________________

DATE OF BIRTH (MONTH/DAY/YEAR) GENDER

Ethnicity: Please check (optional)

□ African American/Black □ Pacific Islander □ American Indian

□ Asian-American □ Chicano-/Mexican-American □ Latino

□ Pacific Islander □ Filipino □ White/Caucasian

□ Other __________________________

II. EDUCATION:

________________________________________ (______) ______________________

CURRENT SCHOOL NAME SCHOOL PHONE

________________________________________

STREET CITY ZIP
Enter the names of colleges/universities you have applied to (indicate any acceptances):

1. ___________________________________________ □ ACCEPTED

2. ___________________________________________ □ ACCEPTED

3. ___________________________________________ □ ACCEPTED

Intended Major: __________________________________________________________

FINANCIAL NEED:

□ Yes, I need financial support to attend the college/trade school of my choice

□ No, I do not need financial support to attend the college/trade school of my choice

I have applied for the following financial support:

_______ AB 12 □ Financial Aid □ Chaffey Grant

_______ DCFS ILP Support

Please indicate all scholarships you have received:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

III. HONORS AND AWARDS:
List any honors, awards and special recognition you have received in the last three years.

<table>
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<th>Name of Organization/Institution</th>
<th>Honor/Award</th>
<th>Date of Receipt</th>
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IV. SCHOOL AND EXTRACURRICULAR ACTIVITIES

List any school activities such as: student government, sports, arts, music, publications, and/or school sponsored community service events.

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<th>School/Extracurricular Activity</th>
<th>Position</th>
<th>Date(s) of Participation</th>
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Internships /Jobs:
List any part-time or full-time jobs, internships with government agencies, political activities, ROTC or military activities.

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<th>Business/Agency</th>
<th>Position</th>
<th>Date(s) of Employment</th>
<th>No. of Hours Per Week</th>
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Community Service:
List any public service and community activities in which you participated. Do not repeat previously listed activities.

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<th>Business/Agency</th>
<th>Position</th>
<th>Date(s) of Service</th>
<th>No. of Hours Per Week</th>
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V.  **FOSTER YOUTH VERIFICATION**

Please complete the following section. The award is given only to foster youth. With that in mind, we must verify that you are indeed a foster youth.

Please indicate below if we have your permission to contact individuals listed to verify that you are a foster youth.

☐ **Yes**, I give permission for you to contact the individuals listed below to confirm that I am a foster youth

☐ **No**, I **do not** give permission for you to contact the individuals listed below to confirm that I am a foster youth

**Case Number:** ____________________

**Social Worker:**

Name: ____________________________  Telephone Number: ____________________________

**Attorney:**

Name: ____________________________  Telephone Number: ____________________________

**Placement:**

Name: __________________________________________

Address: ________________________________________________________________________

Person to Contact: ________________  Telephone Number: ____________________________  VI.

**SCHOOL CERTIFICATION AND OFFICIAL TRANSCRIPT**  This section must be completed by the school administrator or counselor.

Please provide the following data and an official and sealed transcript.
High School Information:

Name: _______________________________________________________

Address: ____________________________________________________

Phone Number: _______________________________________________

Senior Status: Is the student a high school senior? □ Yes □ No

Anticipated Graduation Date: _________________________ Total

Grade Point Average: ______________________

College Prep Information:

SAT Test Date: ______________

SAT Scores: English _______ Math _______ Writing _______

ACT Test Date: ______________ Composite Score: __________ College

Enrollment Information:

List college (s) or trade school which the student has been accepted to:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

School Administrator or Counselor Signature

Print Name: ____________________________ Title: ____________________________

Signature: ___________________________________________________________________

VII. ACKNOWLEDGEMENT AND SIGNATURE

Please review the responses on the scholarship application and agree to the following acknowledgements by signing your name below:

1. My signature confirms that all information provided on this application is accurate and truthful.

2. I authorize school officials to release transcripts of my academic record and other information requested for consideration of the scholarship.
3. I understand that this application will be made available to only those qualified to review for the sole purpose of assessing the scholarship award.
4. If selected, I agree to attend the honoring luncheon on **Saturday, June 11, 2017**.

___________________________________
Applicant Signature

___________________________________
Date

___________________________________
Guardian Signature (if under 18)

___________________________________
Date

**Please Note**: If any information provided on this application is deemed inaccurate or false, Dr. Anissa McNeil Education Endowment Scholarship Committee reserves the right to rescind your application.

**APPLICATION CHECKLIST**

The application must be postmarked or emailed by **Wednesday, April 15, 2020**

**Late or incomplete applications will not be accepted.**

Be certain to include the following items along with the application:
- Unstoppable Statement
- Official School Transcript (sealed)
- Letter of Recommendation
- Foster Youth Verification
- School Certification
- Acknowledgement and Signature

You may email your completed application to: info@unstoppableawards.org

You may mail your completed application to the address below:

**Unstoppable Awards**
1142 S. Diamond Bar Blvd #834
Diamond Bar, CA 919765