

Client Name: \_\_\_\_\_

# Scholarship Service

*The Angela Watson Scholarship*

## Application and Instructions



*To aid and enhance the lives of those affected by Sickle Cell*

Martin Center Sickle Cell Initiative is a 501(c)(3) human services agency dedicated to aiding and enhancing the lives of those impacted by Sickle Cell Disease and Sickle Cell Trait in Central Indiana. Our programs include support and education for Sickle Cell and associated disorders. Through education, outreach, school partnerships, medical provider collaborations and advocacy, we endeavor to provide holistic services for those affected by Sickle Cell. Martin Center Sickle Cell Initiative assists the entire Sickle Cell community by providing solutions that address today's needs and reduce tomorrow's barriers for individuals and their families including assisting in the attainment of higher education and skills training for individuals with Sickle Cell or related blood disorders.

### Eligibility

Candidates for the Martin Center Sickle Cell Initiative Scholarship Service must:

- Be diagnosed with Sickle Cell Disease or any other related blood disorders.
- Provide evidence that the student is in good academic standing.
- Enroll in an institution of higher learning or trade school.
- Be a resident of Marion, Hamilton, Hancock, Morgan, Hendricks or Boone County in Indiana.

### Application Procedure

**Eligible candidates must complete and submit all of the following materials together in one package.**

A completed application form must contain all pages and must include:

1. Recommendations from at least two of the following:
  - a. Teacher or guidance counselor.
  - b. Employer.
  - c. Community services volunteer program supervisor.
2. An official academic transcript.
3. An acceptance letter from the institution you are planning to attend.
4. Written statement (see page 5, Section D).

**The student is responsible for submitting all of the materials to the Martin Center Sickle Cell Initiative Social Worker (Cortney Owens) in person, or by email to: [cowens@themartincenter.org](mailto:cowens@themartincenter.org); or by fax at 317-927-5167.**

**Applications must be received by 5:00 P.M. on June 1, 2016.**

### Selection Criteria

Candidates are advised that this is a competitive process. The number of scholarships awarded will be dependent upon the availability of funds.

Awards will be based on demonstrated academic achievement, financial need, community service and an expressed interest in pursuing additional education or post-secondary training. Students must be a high school graduate or GED equivalent who resides in the Central Indiana community. Prior to consideration, all students must be accepted into an accredited College, University or Trade School program.

The Scholarship Committee will evaluate all applications with fairness and regard for the challenges faced by each student applicant.

The Scholarship Committee will reserve the right to conduct interviews with scholarship applicants if it feels it is necessary to do so in order to make its final decision.

Scholarship recipients will be notified of scholarship awards prior to June 25, 2016.

All recipients will be expected to be present at the Sickle Cell Walk/Run on June 25, 2016 in order to be presented with their scholarship.

## Scholarship Service Application

<b>Instructions:</b>			
1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to Cortney Owens at Martin Center Sickle Cell Initiative by June 1, 2016.			
2. If this form is incomplete, inaccurate, or not signed, it will not be considered.			
3. Please submit a new application each year as required by scholarship criteria.			
4. Provide an attached written statement describing educational goals and other relevant information ( <i>See specific scholarship criteria</i> ).			
<b>PERSONAL INFORMATION</b>			
CLIENT'S NAME:			DATE:
GUARDIAN'S NAME (If Applicable):			HEMOGLOBIN TYPE:
ADDRESS:		CITY, ZIP:	
CLIENT'S DATE OF BIRTH:		CLIENT'S SOCIAL SECURITY NUMBER:	
CONTACT INFORMATION	HOME PHONE:	WORK:	CELL:
	EMAIL:		
<b>ACADEMIC INFORMATION</b>			
College:		Semester for which application is being made (Term and Year):	
Credit Hours Earned to Date:		Intended Major:	GPA:
Credit hours to be taken during semester for which scholarship is awarded:			
Name of Scholarship: <b>ANGELA WATSON SCHOLARSHIP</b>			
<b>NEPOTISM STATEMENT</b>			
Indiana law requires applicants to identify any relation to a current Board of Directors or Staff member of Martin Center, Inc. A student related to either can only receive a scholarship if exclusively based on academic merit or athletics. Are you related to any member of the Board or Staff member at Martin Center, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify the Board or Staff member and the relationship:			

### Authorization Information:

I release to the Martin Center Sickle Cell Initiative, the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria.

\_\_\_\_\_  
(Initial)

I understand my name and information from my academic history may be released to Martin Center Sickle Cell Initiative and the Walk Scholarship Committee. If awarded a scholarship, I release Martin Center Sickle Cell Initiative the right to use my name, story and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend agency ceremonies, receptions and other events as needed. I also recognize the advisability of communicating a letter of thanks to the agency for the scholarship.

\_\_\_\_\_  
(Initial)

I certify that the statements herein are true to the best of my knowledge, grant my permission for the information contained herein to be shared with the Martin Center Sickle Cell Initiative appointed staff, and the Walk scholarship committee.

\_\_\_\_\_  
(Initial)

Student Signature:		Date:	
<b>MCSCI USE ONLY</b>			
Scholarship Committee Signature (If Required):		Date:	
President/CEO Signature:		Date:	
Scholarship Fund Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount Recommended: \$		Date:	
Date Check Issued:	Check #:	Issued by:	
AWS APPLICATION NUMBER: AWS 2016 -	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Amount Approved: \$

## A. Background

**Name:**

\_\_\_\_\_  
*Last First Middle Initial*

**Address:**

\_\_\_\_\_  
*Street Apt*

\_\_\_\_\_  
*City State Zip*

**Home Phone:**

**Cell Phone:**

**Email:**

\_\_\_\_\_

**Social Security Number:**

**Date of Birth:**

**Male**

**Female**

\_\_\_\_\_  
*MM / DD / YY*

**Hemoglobin Type:**

\_\_\_\_\_

**Name of High School and Address:**

\_\_\_\_\_  
*Name Street*

\_\_\_\_\_  
*City State Zip*

**Principal:**

**Guidance Counselor:**

\_\_\_\_\_

**Cumulative GPA:**

**on a**

**scale**

\_\_\_\_\_

**SAT/ACT Scores: Math:**

**Verbal:**

\_\_\_\_\_

**Intended Major:**

\_\_\_\_\_

**Colleges Applied to:**

\_\_\_\_\_  
*First College City State*

\_\_\_\_\_  
*Second College City State*

\_\_\_\_\_  
*Third College City State*

## B. Activities

List any school or community activities you have been involved with for at least one full semester or summer break during high school. Describe your involvement in each.

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## C. Honors

List any honors, awards, achievements, or certifications you have received that you are proud of.

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## D. Questions

**On a separate piece of paper, please answer the following questions in paragraph form.  
(Length should be a minimum of 500 and a maximum of 1,000 words)**

1. Describe your experience with Sickle Cell Disease or associated blood disorders and explain how it has impacted your education?
2. Describe your career goals including how and why they were chosen?
3. Describe any obstacles or hardships (other than Sickle Cell Disease or associated blood disorders) you have faced in your life and how you overcame it?
4. Describe how you would like to use your education to help others who are less fortunate than you?
5. Describe any financial hardships that might jeopardize your ability to continue your education.
6. Provide any additional information you wish to share with the scholarship committee?

## E. Parent/Guardian Information

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening or cell number \_\_\_\_\_

### F. Recommendations

Applicants must provide at least two letters of recommendation from any of the following sources:

Recommendations can take some time to write, especially this time of year when other students are seeking recommendations for colleges and scholarships from the same people you are. Be sure to give the person recommending you enough time to write a recommendation and return it to you in time for you to submit it before the scholarship application deadline. Please use the attached form as the cover sheet. Additional information may be attached to the form.

1. A letter of recommendation from a teacher or guidance counselor that is familiar with your talents and academic achievements.
2. A letter of recommendation from a community services volunteer supervisor (if applicable). Please use the attached form. Additional information may be attached to this form.
3. A letter of recommendation from an employer (if applicable). Please use the attached form. Additional information may be attached to the form.

### F. Official Academic Transcript

Obtain an official academic transcript from your school and mail it together with your application package. If the school requires the transcripts be mailed directly to Martin Center, have them mail it to:

Martin Center Sickle Cell Initiative  
Attn: Cortney M. Owens, MSW  
3549 N. College Avenue  
Indianapolis, Indiana 46205

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### G. Certification

I certify that the information provided in this application is complete and accurate to the best of my knowledge. Falsification of any information will cause disqualification from the scholarship service. Acceptance of the scholarship constitutes permission to use my name and/or likeness for public relations purposes.

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*Signature*

*Date*

**All parts of this application must be submitted to Martin Center Sickle Cell Initiative by June 1, 2016.**







