



Alexandria Leigh Goodwin Memorial Scholarship for Incoming Capital University Juniors - Application

A minimum of \$1000 will be awarded

***** SUBMISSION DEADLINE: MAY 15, 2019 *****

The ALGA Memorial Scholarship Application Process:

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- A completed ALGA Memorial Scholarship Application.
- Proof of Academic Standing → Your Capital U Transcript
- A Letter of Recommendation from a former or current teacher.
- A Reference Letter from a past or present employer or from a community member.
- Proof of Acceptance to an accredited post-secondary school.

SCHOLARSHIP AWARDS:

- The winner of the ALGA Scholarship is announced by May 30, 2019.
- The winner must provide their Cap U student number.
- Funds will be forwarded directly to the Financial Aid Office.
- Scholarship funds are distributed after all requirements are met by the ALGA Recipient.

PLEASE MAIL OR EMAIL YOUR APPLICATION TO:

Scholarship Program
The Alexandria Leigh Goodwin Angel Foundation
Attention: Sara Sherman
2611 Winningwillow Dr.
Columbus, OH 43207

The 2019 ALGA Memorial Scholarship Application

Print and complete, answer on a separate sheet of paper, or copy this document and make it your own.

1.	Last Name: _____	First Name: _____
2.	Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Phone: _____ Evening Phone: _____ Email Address: _____	
4.	Will you be a full time student? _____ Yes _____ No	
5.	Grade Point Average (GPA): _____ (attach proof of GPA by submitting your Cap U school transcript)	
6.	Parent Name: _____ (if different than above) Street: _____ City: _____ State: _____ ZIP: _____ Daytime Parent Phone: _____ Evening Parent Phone: _____	
7.	List the name of any college(s) you have previously attended:	
	Name of School(s) Previously Attended	Start Date
	A.	Finish Date
	B.	Graduation Date
		Degree Earned

8.	EXTRA-CURRICULAR ACTIVITIES: List extra-curricular activities. Note leadership roles and dates.
9.	AREA OF STUDY: What do you want to study and why?
10.	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.

11.	RECOGNITIONS: List awards & recognitions given. Note organizations presenting honors, and the dates.			
12.	GOALS: What are your short and long term personal goals? How does service to others fit into your goals?			
13.	What do <u>Random Acts of Kindness</u> mean to you, and why are they important? How do you express this philosophy in your life?			
14.	<p>A. All items must be included with this application in order to be considered for the ALGA Scholarship.</p> <p>B. Your application will be returned to you if any of the required items are omitted or incomplete.</p> <p>C. Circle "YES" or "NO" below to confirm that you have submitted each item with your application.</p>			
15.	<table border="1"> <tr> <td data-bbox="164 1381 261 1675">YES</td> <td data-bbox="261 1381 345 1675">NO</td> </tr> </table>	YES	NO	<p>Two Reference Letters. References should mail or email letters to:</p> <p style="text-align: center;">The Alexandria Leigh Angel Foundation Attention: Sara Sherman 2611 Winningwillow Drive Columbus, OH 43207 alex.foundation8@gmail.com</p>
YES	NO			
	<table border="1"> <tr> <td data-bbox="164 1675 261 1795">YES</td> <td data-bbox="261 1675 345 1795">NO</td> </tr> </table>	YES	NO	<p>Proof of college acceptance or current student enrollment. A letter of college acceptance or post-secondary program acceptance is required for receipt of funds.</p>
YES	NO			
	<table border="1"> <tr> <td data-bbox="164 1795 261 1885">YES</td> <td data-bbox="261 1795 345 1885">NO</td> </tr> </table>	YES	NO	<p>Most recent high school and/or college transcript.</p>
YES	NO			
	<table border="1"> <tr> <td data-bbox="164 1885 261 1961">YES</td> <td data-bbox="261 1885 345 1961">NO</td> </tr> </table>	YES	NO	<p>Completion of Items 1 - 14 above.</p>
YES	NO			

STATEMENT OF ACCURACY

I hereby affirm that all of the information provided by me to The Alexandria Leigh Angel Foundation is accurate. I also give consent that my picture may be taken and used for any purpose deemed necessary to promote The Alexandria Leigh Goodwin Angel Foundation and its scholarship.

I hereby understand that if chosen as a scholarship winner, I must provide proof of enrollment and/or registration at the post-secondary institution of my choice before scholarship funds will be awarded.

Signature of Applicant: _____ **Date:** _____

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