APPLICATION FOR SCHOLARSHIP

Zoe Brooke Loren graced our family and community for sixteen short years. We were privileged and blessed to have a child who was gracious, was a loyal friend, spread laughter wherever she went, and generously doled out love and gratitude. Zoe was involved in many service activities, and her hope was to make an impact on the world beyond herself.

The Zoe Loren Make a Difference Foundation was born from our grief as a way to celebrate her beautiful life. The foundation will continue Zoe’s commitment to making a difference, and hopefully inspire others to do the same.

The primary mission of the Zoe Loren Make a Difference Foundation is to honor Zoe’s life by providing educational opportunities to deserving students.

The Scholarship award will be $4,000.00. The scholarship will be disbursed in two parts: $2,000.00 will be sent directly to your college before the Fall and Spring semesters of your first year. The student will provide the Foundation with the contact information for the bursar’s office of their college. The Foundation will then send the funds directly to the student’s school.

CRITERIA FOR SELECTION

1. Academic ability and high achievement: Two substantive assessments by teachers providing confidential letters of recommendation. We will consider applicants with a GPA of 3.0 or above, achievement test scores, commitment to learning and work ethic. Applicants must provide a current report card.

2. Unmet financial need: Limited family income and insufficient funds to cover education-related expenses. Applicants and family must provide a current tax return with the application. The application deadline is May 15, 2020.

3. Leadership and public service: Initiative on behalf of others (e.g., participation in volunteer, community, and school-related activities).

4. Critical-thinking ability: Responses to application questions that demonstrate critical thinking.

5. The applicant must be enrolled in college for the Summer or Fall semester after high school graduation.

The foundation does not discriminate against its applicants based upon race, color, ethnicity, national origin, creed, religion and gender.
Applicant Name: ____________________________

Application Checklist

___ Student Application

___ Copy of entire 2019 Federal Tax Forms and W-2 Form(s), schedules and attachments

___ Copy of current report card

___ Copy of score report from SAT and/or ACT test

___ Two High School Teacher Recommendation in a signed, sealed envelope

___ Recommendation from the supervisor of one of your volunteer/civic activities. Recommendation must be submitted in a signed, sealed envelope.

Submit all parts of the application together in the same package postmarked by May 15, 2020. Do not submit non-required materials (e.g., additional letters of recommendation or writing samples). Please do not send application by certified and/or returned receipt mail.

Mail the entire package to:

The Zoe Loren Make a Difference Foundation
Attn: Evonn Loren
127 Siesta Way
Palm Beach Gardens, FL 33418
APPLICANT INFORMATION

First Name: __________________________________________

Last Name: __________________________________________

Home Street Address: __________________________________

Address Line 2: _______________________________________

City: ___________________________ State: ___________ Zip: ______

Student E-mail address: __________________________________

Student Home Phone #: _____________ Student Cell Phone #: _____________

Father’s Name: ______________________ Phone: ______________________

Mother’s Name: ______________________ Phone: ______________________

Student Gender: Male/Female

Date of Birth: _____________

Last 4 digits of Social Security Number: ______

ACADEMIC INFORMATION

Current High School: __________________________________

Name of Guidance Counselor: ________________________

Guidance Counselor Phone #: _________________________

Guidance Counselor E-Mail Address: ____________________

Date of Graduation: _____________

Un-weighted GPA: _____________

Weighted GPA: _______________.

SAT SCORES

Verbal: _________

Math: _________

Writing: _________

ACT Composite: _______

College Acceptance Status (Indicate the name of the school you will be attending): ________
Applicant Name: ______________________

EMPLOYMENT HISTORY

Please list any jobs held during High School

Employer Name: ______________________
Employer Address: ______________________
Job Title: ______________________
Job Duties: ______________________

Dates of Employment: ______________________
Hours per Week: ______________________
Supervisor Name: ______________________
Supervisor Phone Number: ______________________

Employer Name: ______________________
Employer Address: ______________________
Job Title: ______________________
Job Duties: ______________________

Dates of Employment: ______________________
Hours per Week: ______________________
Supervisor Name: ______________________
Supervisor Phone Number: ______________________
Applicant Name: __________________________

Please list and describe up to four volunteer/civic activities that you have participated in during high school. This list can include both school related and non-school related volunteer activities. Include any leadership positions held.

Activity: ____________________________________________
Hours per Week: ____________________________
Years of Participation: ____________________________
Position(s) Held: ____________________________

Activity: ____________________________________________
Hours per Week: ____________________________
Years of Participation: ____________________________
Position(s) Held: ____________________________

Activity: ____________________________________________
Hours per Week: ____________________________
Years of Participation: ____________________________
Position(s) Held: ____________________________

Activity: ____________________________________________
Hours per Week: ____________________________
Years of Participation: ____________________________
Position(s) Held: ____________________________

Which activity listed above are you most passionate about? Why?
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________________________________________________________________________
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________________________________________________________________________
Applicant Name: ________________________

Describe a time when you encountered a challenge and how you handled it. Why are you different because of that experience?

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Please explain how you best reflect the values of the Zoe Loren Make a Difference Foundation?

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AUTHORIZATIONS & VERIFICATIONS

Please read the following paragraphs and sign below indicating you are in agreement.

1. I give The Zoe Loren “Make a Difference” Foundation permission to use my name, any photograph, and writings provided to the organization to be used in any of its publication materials, reports, press releases, and activities associated with its scholarship programs. I understand that all financial information is, and shall remain, confidential.

2. I authorize the Financial Aid Office of my high school to release information regarding my financial aid package, and any other financial resources I may be receiving, to the Zoe Loren Make a Difference Foundation. I authorize the Zoe Loren Make a Difference Foundation (including their Selection Committees) to review my academic file.

3. The information supplied is true and correct to the best of my knowledge. I understand that all information is subject to verification and that falsification of information will result in termination of any scholarships granted.

Parent or Legal Guardian:

Signature: ______________________

Printed Name: ______________________

Student:

Signature: ______________________

Printed Name: ______________________

Date: ______________________
Letter of Recommendation re Volunteer Activity

Student Name: __________________________

Name of Recommender: ________________ Date: ______________

Position: ________________________________

Please type or print your letter, which must address the following issues/questions. Please seal the recommendation in an envelope and sign the flap of the envelope. The student will include your sealed recommendation in his/her application packet. Their application must be postmarked by May 15, 2020.

1. What is the relationship between you and the person applying for the scholarship?
2. What service activity did the student perform?
3. What was the student’s leadership role in this activity (if any)?
4. Please describe the following regarding the applicant:
   - Effort/Determination
   - Organization and Time Management Skills
   - Responsibility
   - Creativity
   - Concern for Others
   - Ability to Work Independently
   - Honesty/Integrity
Teacher Recommendation

Student Name: ____________________________

Name of Teacher: ________________________ Date: ________________

Subject: _________________________________

Please type or print your letter, which must address the following issues/questions. Please seal the recommendation in an envelope and sign the flap of the envelope. The student will include your sealed recommendation in his/her application packet. Their application must be postmarked by May 15, 2020.

1. What is the student’s academic performance in your class?
2. What is their intellectual potential and intellectual curiosity?
3. Please describe the following regarding the applicant:
   - Motivation level
   - Organization and Time Management Skills
   - Responsibility
   - Creativity
   - Concern for Others