



**Y.O.U.T.H. Friendship Foundation Inc.
Annual Scholarship Awards Application**



The criteria for selecting recipients for the Y.O.U.T.H. Friendship Foundation, Inc. Scholarship awarded to freshmen entering college for the first time shall be as follows:

1. The applicant must be a citizen of the United States of America and a High School graduating students in Alabama Madison and Limestone Counties.
2. The applicant must complete all parts of the application and insure that all materials supporting his/her application are returned or postmarked by the designated deadline.
3. The applicant must submit ACT or SAT scores with application.
4. The applicant must submit an official copy of high school transcript with application.
5. In order for an application to be complete the applicant must have three letters of recommendation from individuals who have no family ties and a recommendation from the counselor or school administrator.
6. Financial Need will be considered.

DEADLINE: Application and documentation must be postmarked NLT March 11, 2024.

**Mail To: Youth Friendship Foundation, Inc.
Attn: Board of Directors
P.O. Box 1364
Madison, AL 35758**

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Instructions for completion of application:

1. All blanks must be filled in. If information is not-applicable, please write in N/A in the blank.
2. Application must be signed and dated.
3. Information must be complete and accurate.
4. Applicants should be prepared to verify family income and other financial aid upon request.

Applicant's Name _____ Date _____

Date of Birth _____ Are You an American Citizen Yes _____ No _____

Home Address _____ Zip Code _____
Street and Number City, State, and County

Home Phone _____ E-mail _____

Parent or Guardian Name and Address

Father _____

Mother _____

Guardian _____

Parent or Guardian Occupation and Annual Income

Father _____ \$ _____

Mother _____ \$ _____

Guardian _____ \$ _____

Number of school-age children in home _____

Please list financial aid other than family support which you will be receiving. Examples:
Scholarships, Grants, etc.

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In what extracurricular and community affairs have you been especially active?

Scholarship will be credited to the student account when the student is admitted to a College or University of their choice.

PLEASE COMPLETE APPLICATION FULLY AND HAVE YOUR SCHOOL COUNSELOR SEND A CERTIFIED COPY OF YOUR TRANSCRIPT BEFORE THE DEADLINE FOR SUBMITTING THE APPLICATION.

**MAIL TO: BOARD OF DIRECTORS
Y.O.U.T.H. Friendship Foundation, Inc.
P.O. Box 1364
Madison, AL 35758**

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**Y.O.U.T.H. Friendship Foundation Inc.
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Scholarship Applicant Career Statement**



To be completed by the applicant. On this page indicate (minimum 300 words) your career objectives and future plans.



Y.O.U.T.H. Friendship Foundation Inc.
Annual Scholarship Awards Application
Counselor's or Administrator's Report



Note: Submit the career statement with your application.

Counselor or Administrator:

The student named below has applied for a Scholarship from the Y.O.U.T.H Friendship Foundation, Inc. Please assist us in making our selection by providing the information below by the designated deadline. In addition, we would appreciate any comments that you consider appropriate in the space provided below. Please include an official transcript of the applicant's high school record.

Name of Applicant _____

College Accepted _____

College Address _____ Zip Code _____

Please Check One:

What is the applicant's individual rank (exact or approximate) in his or her class?

Upper 5% _____ Upper 10% _____ Upper 25% _____ N/A _____

How would you rank the applicant's chances for scholastic success at a higher learning institution?

Excellent _____ Good _____ Fair _____

Additional Comments:

Signature _____

Position/Title _____

Please send report and official transcript to:
Board of Directors
Y.O.U.T.H. Friendship Foundation, Inc.
P.O. Box 1364
Madison, AL 35758

Note: The Counselor or Administrator must mail this report and official transcript to the Board of Directors for the student's application to be complete.



Y.O.U.T.H. Friendship Foundation Inc.
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Recommendation Form



PART A: TO BE COMPLETED BY THE APPLICANT

Applicant's Name _____
First Middle Last

Proposed Graduate Department or Program _____ Major/Degree _____

I agree that the recommendation I am requesting shall be held in confidence by the Board of Directors of the Y.O.U.T.H. Friendship Foundation, Inc., and hereby waive any rights I may have to examine it.

Yes _____ No _____

Signature of Applicant _____ Date _____

PART B: TO BE COMPLETED BY THE RECOMMENDER (How long and what capacity have you known the applicant?)

We would appreciate your assessment of the applicant's scholarship, personality, character, and professional promise. Please include in the statement an assessment of strengths and weaknesses. If additional space is needed, please free to use a separate sheet of paper. If you prefer, you may write the entire statement on your own stationary.

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Recommendation Form (Cont.)**



