



Martha's Gift Scholarship Program

Angels Lives Inc. announces the launch of our first ever Martha's Gift Scholarship Awards Program. Under the Program, four (4) \$1000 scholarships will be awarded to any seniors attending High School in the state of New Jersey.

Program Guidelines & Priorities:

- * Seeking graduating seniors who lost their parents or guardians to a pandemic or a natural disaster and who have shown selfless service through volunteering in their community in non-school sponsored activities.
- * Applicants must plan to attend a two (2)-year community college or four (4)-year college or university.
- * Scholarship funds will be paid during the month of August for the year of request directly to the college, not the student. The scholarship funds will be issued to the college or university upon receiving a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.
- * Applicants must have the endorsement of their Guidance Counselor on their application attesting they are qualified for this scholarship program.
- * Applications must be received by the Angels Live Inc. no later than April of the student's senior year. Late applications will not be accepted.

Email one copy of a completed and typed application package to: support@angelslive.org (in subject line type Scholarship Application and school year)

(This includes application with signoff by Guidance Counselor, essay, and letter of recommendation)

The applications will be reviewed and recipients selected by the Martha's Gift Scholarship Committee. The scholarships will be awarded in May of the recipients senior year at our annual Angels Live Inc award banquet. A formal invitation will be sent and scholarship winners should plan to attend.

Please submit any questions to: support@angelslive.org



SCHOLARSHIP APPLICATION

Please type your answers. <i>Use a additional piece of paper if necessary</i>			
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Last Name:</td> <td style="width: 50%; padding: 5px;">First Name, Middle Initial:</td> </tr> </table>	Last Name:	First Name, Middle Initial:
Last Name:	First Name, Middle Initial:		
2.	Mailing Address Street: City: State: Zip:		
3.	Daytime telephone number: () Email address:		
4.	Date of birth: Month Day Year		
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale)		
6.	Name and location of high school:		
7.	A. List any academic honors, awards and membership activities while in high school: B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: C. List your non-school sponsored volunteer activities in the community:		
8.	A. If you have decided on the college you will attend, please list the school name: B. If not, list your top three (3) college choices:		
9.	Anticipated field of study:		
10.	Please list any other scholarships applied for and any awarded:		



11.	<p>On a separate paper, please write an essay (250 - 500 words) addressing the following:</p> <p>Discuss challenges you have dealt with and conquered due to losing your loved one to a pandemic or natural disaster. Explain how this will help you succeed in college and beyond.</p>
12.	<p>One (1) letter of recommendation from a leader within the volunteer organization you serve or have served</p>



STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent, that if chosen as a scholarship winner, my picture may be taken and used to promote the Angels Live Inc Martha's Gift Scholarship Program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to the Angels Live Inc Martha's Gift Scholarship Program policy, I will try to be present at any awards ceremony and/or reception to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Angels Live Inc Martha's Gift Scholarship Program, it is my responsibility to submit to the Angels Live Inc., no later than July 2016, a certificate of enrollment for the fall semester, which includes the Student ID number and Financial Aid Office address.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application to Angels Live Inc Martha's Gift Scholarship Program.

Name of Guidance Counselor: _____

High School: _____

Contact information (email and phone) _____

Signature of Guidance Counselor: _____ Date: _____