Annabelle InPower Dream Big Scholarship:

Annabelle InPower Dream Big Scholarship is a one-time offering of $500.00. It is designated for high school seniors and college sophomores who wish to become a teacher, social worker, therapist, psychologist, or education in order to help prevent bullying in their community.

Requirement Information:
1. You must have 3.5 or above GPA.
2. Information needs to be handwritten and legible.
3. You must be planning or currently majoring in education programs.
4. The top 2 candidates will be selected to have a one-on-one interview.
5. 2 recommendations from your school. (Sealed Individually)
6. Copy of an Unofficial High School Transcript (Stamp and Sealed by your school counselor)
7. 1 recommendation from a place of worship, youth group, employer, etc. (Sealed individually)
8. Fill out “Community Service Hours Chart.”
9. Essay on Resilience and Leaving a Legacy of Relationships (See complete details on page 2)

Complete Application Information:
1. The entire package must be turned into prior Thursday March 31, 2016 to Annabelle InPower.
2. The address is: 625 W Deer Valley Road Suite#103-218 Phoenix AZ 8502, C/O : Annabelle InPower Dream Big Scholarship Commit.

Incomplete applications for Annabelle InPower Dream Big Scholarship will be Declined Immediately.

Authorization Release Information:

I, (print your legal full name clearly) ____________________________________________, understand that I am applying for the Annabelle InPower Dream Big Scholarship for the 2016-2017 academic year and affirm my wish to be considered.

Candidate Signature: ___________________________ Date: ______________
Personal Information Data:

Legal Full Name: ____________________________ Birthday Month/Year: __________

Residence: ____________________________ City: _______ State: ___ Zip Code: ______

High School Name: ________________________ City: _______ State: ___ Zip Code: ______

Phone Number: __________-________-__________ Cell: __________-________-__________

Email address: ________________________________________________________________

Please circle which type of the college you are seeking Annabelle InPower Dream Big Scholarship for 2016-2017

Community College or University.

Name: ____________________________ Semester: __________ Year: __________

Address: _________________________________________________________________

City: ____________________________ State: __________ Zip Code: __________

Please circle one of the degree that you are taking at community college or university:

Teacher/Psychologist/Social Worker, Therapist and/or Counseling.

Essay: On a separate piece of paper please write an essay on Resilience and how it can benefit those who are oppressed through the circumstances of life or by other people.

❖ Talk about a time that you have had to show resilience in your own life.
❖ How would you encourage others to become resilient in their own lives?

Leaving a Legacy of Relationships: On a separate piece of paper please write an essay on the Leaving a Legacy of Relationships and how can that effect into your future profession.

❖ How will you make a difference in the lives of people?
❖ Describes your career goals and professional aspirations that will factors into your future profession?
Statement of ACCURACY:

I have read, understood and give informed consent based on the above information that was given to me. 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 my picture may be taken and used for promoting Annabelle InPower and Annabelle InPower Dream Big Scholarship.

I hereby understand that if chosen as an Annabelle InPower Dream Big Scholarship Winner, I must provide evidence of enrollment and registration at an accredited, post-secondary institution before my Annabelle InPower Dream Big Scholarship funds will be awarded directly to my college choice.

________________________________________________________________________

Print Clearly on Legal Full Name: ____________________________ Date: ____________

Signature: ____________________________________________ Date: ____________

Parent or Guardian Name: (under 18 year old) ____________________________ Date: ____________

Parent or Guardian Signature: ____________________________ Date: ____________