Joseph A. Beavers Scholarship
2019 Application Form

There's $10,000 waiting on you.

Application Deadline:
June 7, 2019

Complete your application online at http://www.upo.org/beavers2019/

De Angelo M. Rorie, Director
Youth Services Division
United Planning Organization
1649 Good Hope Road, SE
Washington, DC 20020
Email: drorie@upo.org
Phone: 202-610-2796
The core commitment of United Planning Organization (UPO) is to unite people with opportunities in order to create thriving and self-sufficient residents. UPO began sponsorship of its annual Martin Luther King, Jr. Memorial Breakfast in 1987 as a means for the Washington, DC community to join together around the ideals advanced by Dr. King. It is with those priorities in mind that UPO began awarding college scholarships that are financed with proceeds from the Breakfast. The scholarship is named in honor of the late Mr. Joseph A. Beavers, a longtime UPO Board member and legendary District of Columbia labor leader.

Five (5) Joseph A. Beavers Scholarships are given annually to ambitious students who aspire to advance their lives through the pursuit of post-secondary education. In addition to having demonstrated a strong academic performance, successful candidates possess complementary attributes that reflect leadership, service, and champion the UPO mission and vision of a thriving community. Scholarship recipients persevere through adversity and recognize the value of higher education as a vehicle to achieving long-term self-sustainability.

Since the inception of the Beavers Scholarship, UPO has raised upwards of $1,000,000 to help send nearly 200 local youth to college. Beavers alumni personify the District’s best and brightest students, with many representing the nation’s capital at some of the country’s most renowned and prestigious universities. Recipients of the Beavers Scholarship have attended institutions such as Georgetown University, Stanford University, the University of Virginia, Virginia Commonwealth University, Norfolk State University, the University of Delaware, George Washington University, the University of Oklahoma, Florida A&M University, Kansas University, and Morehouse College.

2019 Income Eligibility Guidelines

UPO is required to verify the income eligibility and DC residency of all scholarship applicants. Staff must document that recipients have a household income that is equal to or below 125% of the applicable federal poverty level for the current fiscal year (2019) and also that the recipient is a resident of Washington, DC. 2019 poverty levels from the US Department of Health and Human Services (DHHS) are provided below. Applicants should note that the information provided on this form is solely for the purpose of determining whether applicants are eligible for this scholarship and will be kept confidential by UPO and/or its service providers. The eligibility form must be filled out in its entirety and be accompanied by the corresponding documentation in order to be deemed complete. Failure to do so will result in the application being withdrawn from consideration.
SELECT ONE AND INDICATE AMOUNT:

☐ Weekly Income: $____  ☐ Bi-Weekly Income: $____
☐ Semi-Monthly Income: $____  ☐ Monthly Income: $____

(A family may be a single individual. For families of more than one individual, the definition of “family” means all persons living in the same household who are: (1) supported by the income of the spouse, parent(s) or guardian(s) and (2) related to the spouse, parent(s) or guardian(s) by blood, marriage, or adoption.)

Annual Family Income Verification Documents (check all that apply)

☐ Tax Return    ☐ Social Security
☐ TANF          ☐ Supplemental Security Income
☐ Child Support ☐ Military Family Allotments
☐ Alimony       ☐ Training Stipends
☐ Other

Explain Other:

Initial Below:

_________ (A) I have provided the supporting documents to certify that I am eligible to receive CSBG services.

_________ (B) I have not provided the supporting documents, but by initialing and signing this document, I certify that my income and my family income meets the criteria to qualify for CSBG services.

US DHHS Poverty Guideline for 2019

<table>
<thead>
<tr>
<th>Family Size</th>
<th>100%</th>
<th>125%</th>
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<tbody>
<tr>
<td>1 Person</td>
<td>$12,490</td>
<td>$15,613</td>
</tr>
<tr>
<td>2 Persons</td>
<td>$16,910</td>
<td>$21,138</td>
</tr>
<tr>
<td>3 Persons</td>
<td>$21,330</td>
<td>$26,663</td>
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<tr>
<td>4 Persons</td>
<td>$25,750</td>
<td>$32,188</td>
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<td>Persons</td>
<td>Income Before Deductions</td>
<td>Income After Deductions</td>
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<tr>
<td>5</td>
<td>$30,170</td>
<td>$37,713</td>
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<tr>
<td>6</td>
<td>$34,590</td>
<td>$43,238</td>
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<td>7</td>
<td>$39,010</td>
<td>$48,763</td>
</tr>
<tr>
<td>8</td>
<td>$43,430</td>
<td>$54,288</td>
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<tr>
<td>For each additional person, add</td>
<td>$4,420</td>
<td>$5,525</td>
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**Certification of Zero Income**

I hereby certify that neither I nor my family receive(s) income from any of the following sources:

(a) Wages from employment (including commission, tips, bonuses, fees, etc.);

(b) Social Security payments, annuities, insurance policies, retirement funds, pension or death benefits;

(c) Allowances such as alimony, child support or money received from person not living in my family;

(d) Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);

(e) Income from operation of business; (f) Rental income from real estate or property;

(g) Interest or dividends from assets; (h) Unemployment or disability payments;

(i) Public assistance payments; or (j) Any other source not named above.

_____ (C) I have not provided supporting documents because my income and my family income is zero.

INITIALS

Customer information: You must initial on the appropriate line above to indicate that you have provided documentation, have income, and are unable to provide supporting documents to verify income eligibility, but that your family income falls within the poverty guidelines or that you have zero income. Additionally, you must sign the form. Note that the information provided on this form is solely for the purpose of determining whether you or your family are eligible for this program and will be kept confidential by UPO and/or its service providers.

**Applicant Signature:** __________________   **Date:** ___________________

**Parent Signature:** __________________   **Date:** ___________________
Name of Staff Person Verifying Eligibility: _________________________________
Customer’s Total Annual Family Income: _________________________________
Is the Customer Income Below 125% of the Applicable Poverty Level?    YES □    NO □
Is the Customer a Resident of Washington, DC Presently?    YES □    NO □

NOTE: CUSTOMERS FOR WHOM STAFF CANNOT ANSWER YES ON BOTH QUESTIONS ARE INELIGIBLE TO RECEIVE CSBG FUNDED SERVICES PROVIDED BY UPO OR SUBGRANTEES OF UPO

Joseph A. Beavers Scholarship Application
Application Overview

GENERAL INFORMATION

▪ The Beavers Scholarship was established in 1990 to help subsidize the cost of post-secondary education for local DC students intent on earning a college degree

▪ Eligible candidates must be a high school junior attending a DC public school, a DC public charter school, a DC private school, or have earned a G.E.D. within the past year

▪ Eligible candidates must demonstrate academic excellence, a commitment to community service, and financial need

▪ Annual award of $2,500 for four years, totaling $10,000

▪ Recipients will be provided with career development services and access to additional scholarship information

▪ Applications must be post marked no later than June 7, 2019

▪ Scholarship finalists must be available for an in-person interview

ELIGIBILITY CRITERIA

▪ Candidates must be a current junior attending a DC public school, a DC Public charter school, a DC private school, or have earned a G.E.D. within the past year

▪ Candidates must have a minimum cumulative GPA of 3.0

▪ Candidates must demonstrate financial need and a commitment to community service

▪ Candidates must enroll full-time in an accredited 2-year or 4-year university in the United States within six (6) months of earning their high school diploma

▪ Candidates who have earned a G.E.D. within the past year must demonstrate intent to apply and enroll in an accredited 2-year or 4-year university in the United States within six (6) months of receiving award
SUPPLEMENTAL DOCUMENTS

- Paystubs within 60 days
- Federal tax returns, W-2 forms and related schedules, SNAP or TANF documentation, proof of SSI, etc. can be submitted as proof of income
- An unofficial copy of the applicant’s high school transcript or most recent report card with a clear indication of the cumulative G.P.A.
- Two (2) letters of recommendation
- Valid DC issued ID with address. May use parent's ID if applicant does not have one

Joseph A. Beavers Scholarship

APPLICATION CHECKLIST

Please use this checklist to assist you in making sure the information on this application is complete. Check the box as you complete each step in the application process and include this cover sheet with the other documents you submit. Please note that incomplete applications will not be reviewed. If you have any questions, please contact De Angelo Rorie, UPO Youth Services Director, at drorie@upo.org.

I have enclosed the following documents:

☐ Completed Joseph A. Beavers Scholarship application which includes: Student Information, Family Information, Community Service Information, Awards and Extra Activities Information

☐ Completed Formal Student Essays

☐ Completed Recommendation Forms – two letters or recommendation are required and should not be older than 60 days (The envelopes must be sealed with the recommender's signature signed across the seal)

☐ Income information as indicated on the CSBG eligibility form (only one form of documentation is necessary)

☐ Unofficial copy of high school transcript or most recent report card with current cumulative G.P.A.

☐ Proof of DC residency

Please keep a copy of all paperwork that you submit and send originals to the UPO Youth Services Division. Must be postmarked by June 7, 2019

Please send your application to the following address:

UPO Beavers Scholarship
Attn: De Angelo Rorie, Director
Youth Services Division
1649 Good Hope Road, SE | Washington, DC 20020

Applications may also be submitted electronically at http://www.upo.org/beavers2019/
Applicant Information
(To be completed by student)

Last Name ______________________  First Name ______________________ Middle Initial ____

Parent Last Name ___________________  Parent First Name __________________  Parent Middle Initial ____

School Name ___________________________  Current G.P.A. ____________

D.O.B. ____/____/_____  Street Address_______________________________

City ____________ State ____________ Zip _________________

Home Telephone ___________________________  Cell ______________________________

Email ____________________________________________

Please answer the questions below (if necessary, use additional paper and attach it to this page)

Tell us about your plans for college. (i.e., Where are you considering applying?)
__________________________________________
__________________________________________
__________________________________________
__________________________________________

In what field do you plan to major in college?
__________________________________________
__________________________________________
__________________________________________
__________________________________________

What has inspired you to choose this career path?
__________________________________________
__________________________________________
__________________________________________
__________________________________________

I certify that all information given in this application is complete and accurate to the best of my knowledge. Misrepresentations in any statement will be considered adequate grounds for denying the application.

Applicate Signature_________________________  Date ________________________
**Joseph A. Beavers Scholarship**

**Community Service Information**
*(To be completed by student)*

**COMMUNITY SERVICE (if necessary, use additional paper and attach it to this page)**

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<th>Organization</th>
<th>Activity, Your Role and Duties</th>
<th>From (mm/yy)</th>
<th>To (mm/yy)</th>
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**EXTRACURRICULAR ACTIVITIES/EMPLOYMENT (if necessary, use additional paper and attach it to this page)**

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**RECOGNITION/AWARDS (if necessary, use additional paper and attach it to this page)**

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Formal Essays
(To be completed by student)

ESSAY REQUIREMENTS

Please submit a typed double-spaced, 750 word essay (12 pt. Times New Roman font) for each topic listed below (two essays total). Points are awarded based on content, development, organization, grammar, spelling, syntax and style. Please remember to:

- Provide a cover page for each essay
- Include your name on top right corner of each page
- Include essays as part of your application package (do not send separately)
- Include page numbers at the bottom of each page

WRITING TOPICS

TOPIC #1: Self Portrait - Describe yourself and explain how your family, community and personal experiences have helped to shape you. How have they influenced your goals for the future?

TOPIC #2: Community Service – Describe what the word community means to you. How would you help to change your community for the better?
Joseph A. Beavers Scholarship
Recommender Form #1
(To be completed by recommender)

STUDENT INFORMATION

Student Name ____________________________________________

School Name ____________________________________________

RECOMMENDER INFORMATION

Recommender Name _____________________________
Affiliation to Student _____________________________
Job Title ______________________________________

INSTRUCTIONS TO RECOMMENDER The student is applying for a UPO Joseph A. Beavers Scholarship. This recommendation is a critical component of our decision making process.

Please respond to the following questions as completely and succinctly as possible. (Feel free to use a separate page to answer the following questions):

1. How long have you known the student?

   years ☐ Less than 1 year ☐ 1-2 year(s) ☐ 3 or more

2. Why should we select this student as a Joseph A. Beavers Scholarship recipient? Please comment on the student’s involvement in the community and leadership qualities.

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

3. Please comment on any other relevant information that is not identified in the application that describes why this student is a candidate for the Joseph A. Beavers Scholarship.

   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

Please return this form to the student in a sealed envelope with your signature across the seal.

Recommender Signature ______________________ Date ______________________
Joseph A. Beavers Scholarship
Recommender Form #2
(To be completed by recommender)

STUDENT INFORMATION

Student Name ________________________________________________________________

School Name ________________________________________________________________

RECOMMENDER INFORMATION

Recommender Name _____________________________
Affiliation to Student _____________________________
Job Title ______________________________________

INSTRUCTIONS TO RECOMMENDER The student is applying for a UPO Joseph A. Beavers scholarship. This recommendation is a critical component of our decision making process.

Please respond to the following questions as completely and succinctly as possible. (Feel free to use a separate page to answer the following questions:

1. How long have you known the student?

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2. Why should we select this student as a Joseph A. Beavers Scholarship recipient? Please comment on the student’s involvement in the community and leadership qualities.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. Please comment on any other relevant information that is not identified in the application that describes why this student is a candidate for the Joseph A. Beavers Scholarship.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Please return this form to the student in a sealed envelope with your signature across the seal.

Recommender Signature _____________________________ Date ______________________
RELEASE AUTHORIZATION

I certify that I meet the stated eligibility requirements for the Joseph A. Beavers Scholarship and that the information in this application is true, complete and accurate. If selected as a scholarship recipient, I grant permission for my information, name, image or likeness to be used in press releases, website, news publications or other promotional materials distributed to the public and media outlets identifying me as a recipient of the UPO Joseph A. Beavers Scholarship program.

Applicant’s Signature: __________________ Date: __________________

Parent/Guardian Signature: ______________ Date: _________________

RETURN COMPLETED APPLICATIONS TO:

UPO Beavers Scholarship
Attn: De Angelo Rorie, Youth Services Director
Youth Services Division
1649 Good Hope Road, SE | Washington, DC 20020

For more information:
Phone: (202) 610-2796
Fax: (202) 610-2666
E-mail: drorie@upo.org

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