

Service Provider Name:	Youth Services Division – UPO/Joseph A. Beavers Scholarship Application		
Address:	1649 Good Hope Road, SE Washington, DC 20020		
Customer's Name:			
Social Security Number:		Date of Birth:	
Street Address:			
City:		Zip Code:	
Home Phone Number:		Work Phone Number:	
Total Number in Family Including Yourself:			

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)		
<input type="checkbox"/> Tax Return	<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension/Retirement
<input type="checkbox"/> TANF	<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> W2 or 1099
<input type="checkbox"/> Child Support	<input type="checkbox"/> Military Family Allotments	<input type="checkbox"/> No Income
<input type="checkbox"/> Alimony	<input type="checkbox"/> Training Stipends	<input type="checkbox"/> 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		
Family Size	100%	125%
1 Person	\$12,490	\$15,613
2 Persons	\$16,910	\$21,138
3 Persons	\$21,330	\$26,663
4 Persons	\$25,750	\$32,188

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 current cumulative G.P.A.
- Two (2) letters of recommendation
- Valid parent ID

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 recommenders 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 [https://www._____](https://www._____.org)

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)*

Organization	Activity, Your Role and Duties	From (mm/yy)	To (mm/yy)

EXTRACURRICULAR ACTIVITIES/EMPLOYMENT *(if necessary, use additional paper and attach it to this page)*

Activity/Employment	Description	From (mm/yy)	To (mm/yy)

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

Recognition/Awards	Description	Date (mm/yy)

Joseph A. Beavers Scholarship

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?

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 _____

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**

Applications may also be submitted electronically at <https://www.ups.edu>