

LOUDOUN COUNTY “BEAT THE ODDS”® SCHOLARSHIP PROGRAM
DEADLINE FOR SUBMISSION: APRIL 4, 2018

The Loudoun County *Beat the Odds*® Program honors outstanding high school students who have overcome tremendous adversity, who have demonstrated academic excellence or a marked improvement in overall academic achievement and who have given back to their communities or provided support for their families. Started in 2004, the Program identifies and rewards youth who have experienced significant hardship in their lives and encourages them to continue on their paths of success with scholarship opportunities and the recognition that they are greater than their circumstances.

CRITERIA:

1. Currently a resident of Loudoun County on track to meet the requirements for a high school diploma at the end of the current school year.
2. Maintained a grade point average that demonstrates a marked improvement or continuing success, while participating in activities, either formal or informal, which are helpful to others such as volunteering, community service, taking responsibility for other family members, or earning part of the family’s income.
3. Persevering despite significant hardships including poverty, disability, severe illness (physical and/or mental), abuse, homelessness, personal tragedy, past criminal or delinquent behavior, or addiction.
4. Student or someone in their immediate family or household must have received one or more of the following services/used one or more of the following agencies:
 - A. Juvenile and Domestic Relations Court
 - B. Juvenile Court Services Unit (Probation)
 - C. Mental Health, Substance Abuse, or Developmental Services
 - D. Community Services Board
 - E. Department of Family Services
 - F. Child Protective Services
 - G. Foster Care
 - H. Individual and/or family counseling
 - I. Family Assessment and Planning Team (FAPT)/Multi-Disciplinary Team (MDT)/Comprehensive Services Act (CSA)
 - J. Loudoun Citizens for Social Justice/Loudoun Abused Women’s Shelter (LAWS)/Domestic abuse shelter or services
 - K. Homeless Shelter services

COMPLETED APPLICATION MUST INCLUDE THE FOLLOWING:

- A. A personal statement **not to exceed two (2)** pages from the applicant describing how he or she has “beaten the odds” including *detailed* information as to what hardships he or she has overcome and from which organization(s) the applicant has received services.

******The personal statement is given substantial weight by the Scholarship Committee. The applicant should make every effort to explain in detail the nature of the adversity or hardships he/she has experienced and how he/she has overcome such difficulties. If the applicant is continuing his/her efforts to overcome these adversities the applicant should identify all steps being taken in that effort.***

- B. A letter of recommendation **IN A SEALED ENVELOPE** from a teacher, school counselor or coach with knowledge of how the applicant has overcome adversity or hardship.

******If the applicant wishes to attach one additional recommendation letter from someone other than a teacher, school counselor or coach who has knowledge of how the applicant has overcome the odds, such as a probation officer, counselor, social worker, or other similar individual, the applicant may, but is not required to, submit this additional letter of recommendation in support of their application.***

- C. A copy of the applicant’s high school transcript.
- D. A completed “Beat the Odds” Scholarship Application.
- E. A copy of the applicant’s FAFSA, SAR or other student aid application if applicable.
- F. A copy of any and all letters of acceptance from the college, university, trade or vocational school the applicant intends to attend.

ALL SUPPORTING DOCUMENTS MUST BE ATTACHED TO THE APPLICATION AND SHOULD CLEARLY IDENTIFY THE APPLICANT.

*****The above identified documents are required for your application to be deemed complete. Incomplete applications will NOT be considered by the Scholarship Committee.*****

SUBMIT ALL APPLICATIONS TO:

**Beat the Odds Scholarship Program
c/o Biberaj Snow & Sinclair, Attn: Matthew Snow
7 East Market Street
Leesburg, VA 20176**

“BEAT THE ODDS” ® SCHOLARSHIP APPLICATION

Please print or type the requested information (may add pages if needed)

NAME: _____ Date of Birth: _____

Gender (optional): _____ Ethnicity (optional) _____

Address: _____

City: _____ State: _____ Zip Code: _____

How long have you lived in Loudoun County: _____

School Currently Attending: _____

Anticipated graduation date: _____ GPA: _____ Class Rank: _____

Estimated annual family income: _____

Number of persons residing in household: _____

Have you been accepted to a two- or four-year college, university, vocational school or trade school? _____

If so, identify the name of the institution you will be attending. If you are entering a trade, list the occupation you will be pursuing:

How do you intend to use this scholarship award? (e.g. tuition, school supplies, trade tools, living expenses): _____

List any other financial aid or scholarships you have received to date:

List all extracurricular activities (including years you participated and any offices held):

Describe any responsibilities you have to care for other family members or to earn part of your family's income: _____

List any Scholastic Honors you have received: _____

Have you, an immediate family member, or a household member received services from any of the following agencies or organizations? If so, please indicate below:

AGENCY/ ORGANIZATION	IN WHAT COUNTY, STATE	NATURE OF SERVICES RECEIVED	DURATION OF SERVICES	WHO RECEIVED SERVICES
Dept. of Family Services				
Foster Care				
Juvenile Court Services Unit (probation)				
Community Services Board				
Family Assessment & Planning Team (FAPT)/Multi-Disciplinary Team (MDT) / Comprehensive Services Act (CSA)				
Child Protective Services (CPS)				
Juvenile & Domestic Relations Court				
Mental Health, Substance Abuse & Developmental Services				
Family Connections				
Loudoun Abused Women's Shelter (LAWS)				
Other: (Please Identify)				

Do you or your family currently receive or have you or your family received in the past any of the following (check all that apply):

_____ TANF _____ Food Stamps _____ Medicare/Medicaid

_____ Housing Subsidy _____ Emergency Relief

Is there anything that you would like the scholarship committee to consider that is not otherwise identified on this application? _____

Student's References (name and title):

By signing below I affirm all of the information provided in this application is true and accurate to the best of my knowledge and belief. I understand should it come to the Committee's attention at a later date that I have provided false or misleading information in my application, the Committee may withdraw any scholarship funds awarded to me.

I further understand I may be asked to participate in an interview with the Selection Committee prior to any award decisions being made.

Student

Date

**The Beat the Odds Selection Committee reserves the right to interview any applicants under consideration for a scholarship. Interviews are conducted solely at the discretion of the Selection Committee *if* the Committee believes such an interview may assist it determining the award of scholarship funds. Students may *not* request an interview and should *not* withhold any information in their application in expectation he or she will be granted an interview to provide or further explain information contained in the application. The Committee is not required to conduct interviews before making any award determinations. Any interviews will be conducted at the student's school and will be conducted either in person, by video link or telephonically.