

BEACON OF LIGHT FOUNDATION™

Scholarship Application

Beacon of Light Foundation™ History

Beacon of Light Foundation™ was created in 2007 by members of Sigma Gamma Rho Sorority, Inc. Theta Epsilon Sigma Chapter in Culver City, California to provide substantial scholarship awards to exceptional female high school seniors for study at a four year accredited college or university of their choice. Beacon of Light Foundation™ hosts its annual scholarship and awards luncheon in conjunction with Theta Epsilon Sigma Chapter to showcase the achievements of young women and local community leaders committed to education. Since its inception Beacon of Light Foundation™ has awarded more than twenty thousand (\$20,000.00) dollars in scholarships to local female high school graduates for college expenses.

Scholarship Requirements & Application File

Available to LOS ANGELES COUNTY residents ONLY

Eligible applicants must be female high school seniors, have a minimum 3.0 GPA, and demonstrate leadership skills and engage in community service activities. In addition to filing a completed application form, all applicants must take the SAT or ACT. Applicants should include a copy of their scores with the application packet.

The Beacon of Light Foundation requires applicants to submit a writing sample, an official transcript, and two letters of recommendation, preferably from a high school teacher, counselor, or pastor who can attest to the applicant's academic and/or leadership abilities. Applicants must also provide an official letter of acceptance from a four-year college or university that is accredited by one of the six regional accrediting associations in the United States.

IMPORTANT: *If your application file does not coincide with ALL requirements, it will not be considered. Additionally, scholarship recipient winners will be required to provide the Beacon of Light Foundation™ Executive Committee with proof of college enrollment and class registration 14-days after classes begin in order to receive the scholarship award.*

Please submit completed application materials to:

**Beacon of Light Foundation™
Attn: Scholarship Committee
PO Box 5021
Culver City, CA 90231**

APPLICATION DEADLINE: Postmarked by May 1, 2017

Directions: Please complete each section. Type or Print in Blue or Black Ink.

Section I. Background Information

Name _____ High School _____

Home Address _____

City _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Date of Birth _____ When do you plan to graduate? _____

What is your cumulative weighted grade point average (10th grade through 12th grade fall semester)? _____

Racial/Ethnic Heritage:

___ African American/ Black

___ American Indian

___ Asian

___ Hispanic/Latino

___ White/ Non Hispanic

___ Other _____

___ Multiracial _____

What colleges/universities have you applied to?

Have you been accepted into a college/university? ___ No ___ Yes

If yes, which college/university(s)?

Where do you plan to attend college? _____

How did you hear about this scholarship? _____

SECTION II. EMPLOYMENT HISTORY

List your employment history and/or activities (other than school) for the past three years. Use additional typewritten pages if needed.

1) Employer: _____ 2) Employer: _____

Position _____ Position _____

Address _____ Address _____

Dates worked from (month/year) _____ Dates worked from (month/year) _____

SECTION III. ACTIVITIES

List extracurricular, volunteer and personal activities in which you have been a significant participant, such as performing arts, church groups, community service, student government, athletics, publications, etc. Use additional typewritten pages if needed.

Activity 1:

Leadership position _____

Honors & Awards _____

Years of participation _____ (Ex. 1 year, 6 months, etc.)

Activity 2:

Leadership position _____

Honors & Awards _____

Years of participation _____ (Ex. 1 year, 6 months, etc.)

Activity 3:

Leadership position _____

Honors & Awards _____

Years of participation _____ (Ex. 1 year, 6 months, etc.)

Section IV. Signature

I hereby certify that all information is true and correct. I agree that the Beacon of Light Foundation™ may verify any of the information submitted in support of my application. I further certify that if I am awarded a scholarship, I will use the monies toward my college tuition and fees and upon request will provide written proof, e.g., a tuition receipt, to verify proper use of funds. I understand and agree that the omission, misrepresentation, or concealment of any significant fact in any statement may be considered sufficient reason for the denial of my application. I understand that decisions of the Scholarship Committee are final. I further understand that the Beacon of Light Foundation™ reserves the right to revoke or discontinue this scholarship award without prior notification to applicants, parents, or schools.

Signature: _____

Date: _____

**BEACON OF LIGHT FOUNDATION™ SCHOLARSHIP
LETTER OF RECOMMENDATION**

The applicant should complete all relevant sections below and submit this form to the person providing the recommendation.

Applicant Name _____
Last First M.I.

TO THE APPLICANT: Please give this recommendation form to an individual who can describe your strengths, character, and leadership abilities. This recommendation will become part of your scholarship file. It will not be disclosed to any unauthorized individuals without your consent. If you receive the scholarship, you may have access to your file unless you voluntarily waive your right to access. Please check one of the boxes and sign the statement below.

I have read the information above and I hereby waive do not waive my right to access this document should I receive the scholarship.

Applicant Signature _____ Date _____

TO THE PERSON MAKING THE RECOMMENDATION: Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this information unless she/he has waived that right.

In what capacity and how long have you known the applicant?

The Scholarship Committee greatly appreciates your cooperation in providing an evaluation of the applicant's potential as a college student. Please attach a **SIGNED** statement on official company or school stationary commenting on the applicant's academic ability, written and oral communication, maturity, acceptance of responsibility, persistence and independence.

Name of Recommender _____

Title of Recommender _____

Institution or Company _____

Address _____

Work telephone number _____

Signature of Recommender _____ Date _____

Please return this form and your attached letter to:

**Beacon of Light Foundation™
Attn: Scholarship Committee
PO Box 5021
Culver City, CA 90231**

(Please do not remit this form and the recommendation letter to the applicant. Form and letter must be directly mailed to the address listed above)

**BEACON OF LIGHT FOUNDATION™ SCHOLARSHIP
LETTER OF RECOMMENDATION**

The applicant should complete all relevant sections below and submit this form to the person providing the recommendation.

Applicant Name _____
Last First M.I.

Social Security Number _____

TO THE APPLICANT: Please give this recommendation form to an individual who can describe your strengths, character, and leadership abilities. This recommendation will become part of your scholarship file. It will not be disclosed to any unauthorized individuals without your consent. If you receive the scholarship, you may have access to your file unless you voluntarily waive your right to access. Please check one of the boxes and sign the statement below.

I have read the information above and I hereby waive do not waive my right to access this document should I receive the scholarship.

Applicant Signature _____ Date _____

TO THE PERSON MAKING THE RECOMMENDATION: Under the 1974 Family Educational Rights and Privacy Act, the applicant named above will have access to this information unless she/he has waived that right.

In what capacity and how long have you known the applicant?

The Scholarship Committee greatly appreciates your cooperation in providing an evaluation of the applicant's potential as a college student. Please attach a SIGNED statement on official company or school stationary commenting on the applicant's academic ability, written and oral communication, maturity, acceptance of responsibility, persistence and independence.

Name of Recommender _____

Title of Recommender _____

Institution or Company _____

Address _____

Work telephone number _____

Signature of Recommender _____ Date _____

Please return this form and your attached letter to:

**Beacon of Light Foundation™
Attn: Scholarship Committee
PO Box 5021
Culver City, CA 90231**

(Please do not remit this form and the recommendation letter to the applicant. Form and letter must be directly mailed to the address listed above)

**BEACON OF LIGHT FOUNDATION™
SCHOLARSHIP APPLICATION QUESTIONS**

Please provide TYPED answers for each of the questions below. Please limit your answers to 500 words. If using a separate piece of paper, the answers must also be TYPED. In addition, place your name and date of birth at the top of each page in order to match your responses to your application.

1. Describe examples of your leadership experience in or out of school where you have significantly influenced others, helped resolve disputes, or contributed to group efforts over time.

2. Describe any of your special interests and how you have developed knowledge in these areas.

