The Founders’ Scholarship Application

The I Know I Can Founders’ Scholarship will be awarded to a select number of Columbus City Schools graduating seniors who apply and meet a set of specific criteria, including demonstrated financial need for college. The Founders’ Scholarship is worth up to $10,000 per academic year, with the exception of certain institution-specific special Founders’ Scholarships (see page 3 for more details).

**DO NOT STAPLE YOUR APPLICATION.** Type or print neatly in black or blue ink only. The completed application and all supporting documents must be received electronically by 11:59 p.m. or postmarked by Friday, March 1, 2019. Late applications will not be considered.

Please submit to:

- **ATTN:** Founders’ Scholarship Selection Committee
- **By Mail:** I Know I Can, 1108 City Park Avenue, Suite 301, Columbus OH 43206
- **By Email:** scholarship@iknowican.org
- **By Fax:** 614-233-9512

**Application Checklist**

- Submit two typed essays responding to the essay prompts on page 4 (no more than 300 words)
- Submit an official high school transcript that verifies the following:
  - Minimum cumulative GPA of 3.0, with course and grade information for each year of high school
  - Completion of the CCS College Preparatory Curriculum, which includes:
    - English: 4 credits
    - Math: 4 credits
    - Science: 3 credits
    - Technology: 1 credit
    - Fine Arts: 1 credit
    - Social Studies: 3 credits
    - Internship: 1 credit
    - Electives: 4 credits (3 credits should be General Electives) (1 credit should be an Academic Elective)
  - Minimum attendance rate of 93% during all four years of high school *(IKIC receives your attendance from CCS)*
  - Will graduate from a CCS high school in June 2019
  - Continuous enrollment in a CCS high school each year, from 9th-12th grades
  - ACT or SAT *(Preference given to students who took one or both of these tests in their junior year)*
  - Submit a copy of your senior year grades and class schedule
  - Submit a copy of your FAFSA Student Aid Report (SAR) - **Finalists will also submit financial aid award(s)**
  - Submit exactly two letters of recommendation - see page 4 for more details
  - Plan to enroll full-time at an accredited U.S. university or college for the 2019-20 academic year; see page 3 for additional enrollment requirements for special Founders’ Scholarships

**Note:** This application does not take the place of the I Know I Can grant application. You must also submit an application for the I Know I Can grant if you wish to be considered for both. You are only eligible to receive one of the awards.
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Personal Information

Legal Name ____________________________________________
first/given name       middle name       last name

Preferred Name ____________________________________________

Social Security Number ___________________________ Date of Birth ____________ Gender ___________________________
xxx-xx-xxxxx               mm-dd-yyyy

Permanent Home Address ____________________________________________
number & street       apartment #

city/town       state       zip/postal code

Email Address ____________________________________________ Phone _______ Phone _______

Do you give I Know I Can permission to send texts to your cell phone? ☐ Yes ☐ No

Have you been responsible for any academic or other misconduct at any high school? ☐ Yes ☐ No
If yes, please attach a statement of explanation.

Education Information

Name of High School ____________________________________________ Graduation Date ____________

School Counselor ____________________________________________ Office Phone ____________________________________________

Parent/Guardian Information

Legal Name ____________________________________________
first/given name       middle name       last name

Relationship to Applicant ____________________________________________

Permanent Home Address ____________________________________________
number & street       apartment #

city/town       state       zip/postal code

Email Address ____________________________________________ Phone ____________________________________________

best number to reach parent/guardian
Educational Information (continued)

What college/university do you plan to attend? Please list all schools in order of preference.

1. ________________________________________ Branch: ________________ Accepted: ☐ Yes
2. ________________________________________ Branch: ________________ Accepted: ☐ Yes
3. ________________________________________ Branch: ________________ Accepted: ☐ Yes
4. ________________________________________ Branch: ________________ Accepted: ☐ Yes

☐ Check this box if you plan to attend a Historically Black College or University (HBCU) and would like to be considered for a Founders’ Scholarship sponsored by Alpha Phi Alpha Fraternity, Incorporated, Alpha Rho Lambda Education Foundation. This scholarship is worth up to $10,000 per academic year for four years. You must already be accepted to an HBCU prior to this application deadline.

What is your anticipated college major or course of study? _________________________________

Please list any extracurricular activities over the past 4 years and leadership positions you have held within those activities (i.e. athletics, school clubs, honor societies, community or church involvement, etc.).

If you need additional space, please attach a document/resume with a complete listing.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Have you ever participated in an I Know I Can organized school activity or sponsored event? ☐ Yes ☐ No

If yes, please specify.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Please list any honors and awards you have received over the past 4 years of high school.

If you need additional space, please attach a document/resume with a complete listing.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
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Special Founders’ Scholarships

I Know I Can will offer several special Founders’ Scholarships, in partnership with select colleges and universities, to the Columbus City Schools’ Class of 2019. These institution-specific scholarships require that a student, if selected, remain at the awarding university and/or college for the duration of their undergraduate education (typically four years; two years at Columbus State Community College). One student will be selected for each special Founders’ Scholarship.

If you would like to be considered for a special Founder’s Scholarship from one or more of the following institutions, please check the appropriate box(es) below. You must have already applied to the institution(s) prior to March 1st to be considered.

- Capital University - Full-tuition scholarship for four years
- Columbus College of Art & Design - Up to $10,000 per academic year for four years
- Columbus State Community College - Up to $5,000 per academic year for two years
- Ohio Dominican University - Up to $10,000 per academic year for four years
- The Ohio State University - Full-tuition scholarship for four years
- Ohio Wesleyan University - Up to $10,000 per academic year for four years
- Otterbein University - Full-tuition scholarship for four years
- University of Dayton - Full-tuition scholarship for four years
Personal Essay Instructions

Founders’ applicants are required to submit two personal essays. The personal essays are your opportunity to show who you are apart from grades and test scores, and to distinguish yourself from the rest of a very talented applicant pool. Each essay must be 300 words or less typed in a 12 point font with double-spaced formatting.

**Essay #1**
Describe what details of your life (personal, family, people, or events) have influenced your life and your goals. When did you decide you wanted to go to college? What have you learned or experienced since making the decision that further stimulates or reinforces your conviction to get a college education?

**Essay #2**
Select and respond to one of the following essay prompts.

1. Reflect on a time when you questioned or challenged a belief or idea. What prompted your thinking? What was the outcome?
2. The lessons we take from obstacles we encounter can be fundamental to later success. Recount a time when you faced a challenge, setback, or failure. How did it affect you, and what did you learn from the experience?

Recommendation Instructions

Two letters of recommendation are required to complete your application. All recommendation letters should be typed, double-spaced, in 12-point font, no more than one page long.

**Letter #1**
Must be from your high school principal, counselor or teacher.

**Letter #2**
Must be from a non-family member adult who knows you well. Examples of suitable recommenders include (but are not limited to): teacher, athletic coach, employer, supervisor, member of the clergy, mentor, IKIC college advising manager.

The recommendation letter should describe how long and in what capacity the recommender has known you and why the recommender feels you are deserving of the Founders’ Scholarship. What are the qualities or characteristics that you possess that will make you successful in college? This letter should also include any information the recommender feel will assist the Selection Committee in making its decision.

The recommendation letters may be sent directly to I Know I Can or submitted with your application in sealed envelopes signed by the recommender. All recommendation letters are due to IKIC by Friday, March 1, 2019.

**ATTN:** Founders’ Scholarship Selection Committee
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**By Email:** scholarship@iknowican.org
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Acknowledgement and Consent

By signing this document, I ____________________________, print name ____________________________, hereby affirm that all of the information provided herein is true and complete to the best of my knowledge. I fully understand that providing false information and/or failing to provide all required materials may result in my disqualification of consideration for the receipt of any I Know I Can financial assistance and/or continued retention services provided by I Know I Can.

Further, I hereby grant full authorization to I Know I Can, and its representatives, to use any and all information contained in all related financial aid documents and/or academic records provided for any and all relevant purposes, including, but not limited to 1.) financial assistance eligibility and/or selection purposes; 2.) overall monitoring of the student’s academic progress to ensure continued assistance, support, and maintained success of the student’s educational pursuit; and 3.) any and all research, evaluation, and/or solicitation of support conducted by I Know I Can. I Know I Can, its representatives, community partners, and appropriate college personnel employed at the student’s college in the areas pertaining to admission, registration, financial aid, billing, academic progress, retention, and any and all other related programs and/or areas may share any and all relevant information for any of and all of the aforementioned purposes. I understand that in the selection of financial assistance recipients, I Know I Can does not discriminate on the basis of gender, ethnic heritage, national origin, personal appearance, personal beliefs, race, religion, or sexual orientation.

By signing this application, the undersigned hereby acknowledges receipt and understanding of the guidelines set forth herein and agrees to abide by the same. Further, the undersigned agrees to waive all personal claims, causes of action, and/or damages against I Know I Can and any and all of its representatives, including, but not limited to, its board of trustees, officers, employees, and associates, arising from or growing out of their participation in I Know I Can.

______________________________
signature

______________________________
date