Thewilliamschildrenscholarship@gmail.com

P.O. Box 297 Florissant, Mo. 63032

the williams’ children scholarship foundation

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“The Williams’ Children Scholarship”

**Our Mission**

The Williams’ Children Scholarship is awarded in honor of my children! This scholarship will provide financial and resource assistance to young men, women and single parents who are committed to furthering their education at an accredited college/university. This scholarship will provide monetary seeds sown into the lives of individuals who have a desire to have a positive impact on society.

**Application**

Applications will be available on the website September 30 – December 30, 2024. Applications and all essential documents must be turned in by the deadline, January 10, 2025, @ 5:00 p.m. All sections of the application are REQUIRED to be completed.

**Selection Process**

  Applicants will be chosen by the Scholarship Team Members.

 Each applicant will be required to complete an interview (location & date to be determined).

Incomplete applications and/or missing forms will not be considered.

**Scholarship Deadlines**

  Application opens July 30, 2024

* Application closes December 30, 2024
* All forms must be turned in by January 10, 2025 @ 5:00 p.m.

  Awards to be dispersed June of 2025

**Disbursements**

  Awards will be disbursed in June 2025 at our awards event (date to be determined)

Applicant will be selected in the spring 2025 ---- and awarded for the fall 2025

**Awards**

  One - $1,000 monetary scholarship - Adult

  Two - $500 monetary scholarship

  One - one time college care package

**Eligibility**

  Single parent male/female with dependent children

* Student with Special Challenges
* A high school or college student
* Income status of 10,000 -30,000 annually. If greater, still apply

**Criteria**

 Single parent with children, male/female between the ages of 21-30. Must have a high school diploma or GED. Must be enrolled in at least 6-12 credit hours in one semester at any accredited college/university. Student must be pursuing an Associates or Bachelor of Science degrees.

 Local high school or college student( also special needs students ages 17-21). Must have a high school diploma or GED. Must be in good standing with the school and must have GPA 2.5 or greater. Student must be enrolled in a 2/4 year accredited college with at least 8-12 credit hours.

 Local resident, current college student ages 17-21. Must have a high school diploma or GED and have a GPA 2.5 or greater. Must be in good standings with the school. Student must be enrolled in an accredited college/university with at least 8-12 credit hours.

**Documents/forms**

Unofficial copy of school transcript or certificate of completion required.

One recommendation letter (school official /other)

 College acceptance letter may be required

Community service form required

A 200 word essay (typed, double space, 12pt. font), topic “How will you (applicant) give back to the community”

**The Williams’ Children Scholarship Application Form**

Name of Applicant (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone h.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ c.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Male or Female (Please circle)

Soc. Sec. # (optional) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

*Father*:

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_

Address (if different than the applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mother*:

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than the applicant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimated annual household income 10-20k ( ), 20-30k ( ), 30-greater ( ) check box

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**High School Information**

Name of School City and State Dates Attended

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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School applicant plans to attend in fall 2024 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently of junior status in good standing ( ) yes ( ) no

Have you completed ACT/SAT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

Accumulative GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­­­­Please complete the following (Additional pages:

* Honors and Awards Schools/Organization Date Received

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* Extracurricular Activities/

Hobbies Schools/Organization Date Received

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* Work or Volunteer

Experience Schools/Organization Date Received

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Community Service Hours for 2023-2024\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Affiliation (Optional):

Church \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pastor/Minister \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Williams’ Children Scholarship Application Form**

***ALL ABOUT YOU***

In this section, please tell us more about you and your interests as well as your career goals. (Additional pages may be attached if needed)

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How did you learn about this scholarship program? *Check all that apply*

Online ( ) School ( ) Church ( ) Newspaper ( ) Other ( )

If Other – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*My signature below confirms that all the information contained in my application is complete and true to the best of my knowledge.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

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Parent/Guardian Signature Date

**The Williams’ Children Scholarship Application Form**

As a parent and/or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby grant permission to The Williams’ Children Scholarship foundation and news media to use my child’s name and biographical information in stories, photographs, recordings or videotape of my child or myself and to use these photographs, voice or video recording in publications, slides, video tapes, motion pictures, newsletters, newspapers, education web sites, news web sites and social media. I understand that the resulting photographs, stills, slides, videotapes, motion pictures and audio tapes may be published for the purpose of informing students, parents or the general public about The Williams’ Children Scholarship Foundation.

Parent/Individual Signature

Student’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reminder !!!

* Make sure ALL sections of the application are completed
* Both parent and student signatures required
* Deadline to submit application – December 30, 2024
* Please include typed essay (200 words) – 12 pt. Times New Roman Font
* Please include a copy of your community service hours from your school

Please email your completed application, documents, and your essay to:

Flwilliams\_4@yahoo.com

**CARE PACKAGE MIGHT INCLUDE**

Annual planner

Backpack

Binders/folders/notebooks

Bottle water

Box tissues

Calculator

Can opener

Cleaning supplies

Envelopes

Eraser board calendar

Extension cord

First aid kit

Hamper

Highlighters

Index cards

Jump drive

Laundry supplies

Paper towels

Pens/ pencils

Personal care items (lotions, toothpaste, mouth wash, shower gel, female products.)

Post it notes

Scissors

Stamps

Stapler & staples

Tape

Toilet paper

Washing detergent

Wash cloths/towels

White out