



**WEW 2024 SCHOLARSHIP PROGRAM
GRADUATING HIGH SCHOOL SENIOR APPLICATION**

When Everyone Wins, Inc.
PO Box 466588
Lawrenceville, GA 30042
404-490-3129
www.wheneveryonewins.org

WEW 2024 SCHOLARSHIP PROGRAM

GRADUATING HIGH SCHOOL SENIOR APPLICATION

When Everyone Wins, Inc. (WEW) is seeking applicants for its 2024 scholarship program. WEW seeks to award **two one-time** scholarships in the amount of \$500 to commendable students of Georgia in the following counties: Gwinnett, Cobb, Dekalb and Fulton high school graduating seniors.

Availability:

Applicants should be high school students in good academic standing. The scholarship is to be dispersed during fall academic semester immediately following high school graduation and upon matriculation into an accredited* college, university, or trade/technical school.

Qualifications:

- *Must be from one of the following ethnicity group(s):*
Black or African American
Latino/Hispanic American
Asian American
Native American
Pacific Islander
- *Pursuing a collegiate degree from an accredited college, university or trade/technical school*
- *Must be a residence of the following counties in the state of Georgia: Gwinnett, Fulton, Cobb, and Dekalb*
- *Must be a USA Citizen*
- *Minimum GPA – 3.0*

Requirements for Consideration:

- *A current photo (Professional headshot or Senior Photo)*
- *An official transcript (sealed)*
- *Two letters of recommendation attesting to the student's character and potential for academic success in college or respective trade. One letter has to be from the applicant's teacher, adult mentor or counselor. The other from a civic or community leader (e.g. Pastor, youth leader, coach, instructor, volunteer coordinator etc.). Not to exceed one- and one-half page typed. (Please view Reference Forms below)*
- *A 500 -1000 word maximum typed essay, double spaced (approximately two pages) outlining the applicant's educational and/or vocational aspirations.*

Please complete the attached application, sign and submit it **via mail** to:

When Everyone Wins, Inc.
ATTN: Scholarship Committee
PO Box 466588
Lawrenceville, GA 30042

PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION

LAST NAME: _____ **FIRST** _____

PERMANENT ADDRESS: _____

TELEPHONE: _____

E – MAIL ADDRESS: _____

DATE OF BIRTH: _____

ARE YOU A CITIZEN: _____ **YES:** _____ **NO:** _____

NAME OF HIGH SCHOOL: _____

ADDRESS OF HIGH SCHOOL _____

NAME AND CONTACT OF H.S. COUNSELOR: _____

SCHOOL(S) YOU PLAN TO ATTEND: _____

PLANNED ACADEMIC MAJOR OR VOCATIONAL CONCENTRATION: _____

**BRIEFLY LIST AND DESCRIBE YOUR PARTICIPATION IN ANY OR ALL
ACTIVITIES RELATED TO CHURCH, COMMUNITY OR EXTRACURRICULAR
INVOLVEMENT AT SCHOOL:** _____

PARENT(S)/LEGAL GUARDIAN NAME: _____

PARENT(s)/LEGAL GUARDIAN TEL.NUMBER: _____

I certify to the best of my knowledge, the information contained in this application is truthful and complete. I understand that any failure to provide truthful and accurate information will revoke any award I may receive.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

REFERENCE FORM

**GRADUATING HIGH SCHOOL SENIOR SCHOLARSHIP
TO BE COMPLETED BY SCHOOL FACULTY/COMMUNITY MEMBER**

DUE DATE TO WHEN EVERYONE WINS, INC. OFFICE BY APPLICANT – MARCH 31, 2024

The purpose of this scholarship is to acknowledge the achievements of high school seniors for academic achievement and volunteer service in the school and community and to provide an incentive for students to continue their education.

Name of Student: _____

This student has applied to the When Everyone Wins, Inc. 2024 High School Scholarship. Please include this reference form and a separate letter of recommendation, which MUST be written specifically for this graduating high school senior scholarship application. Copies of recommendation letters for college are not acceptable. Attach the letter of recommendation, written on an additional sheet. Information provided will be considered confidential. Please limit letter to one page.

In what capacity do you know the student: _____

Provide a description of each activity and the student’s involvement. Give your evaluation of the abilities, attitudes and potential of the student and comments regarding student’s volunteer service, activities, achievements, and personal qualifications.

Name of Faculty/Community member completing form _____

Faculty/Community position _____

Mailing Address _____

Telephone (___) _____ Email _____

SIGNATURE _____ DATE _____

PLEASE RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT.

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Please submit all materials in one envelope, no later than Friday, **March 31, 2024** (i.e. the postmark will be used to validate that the applicant met the deadline). Incomplete and late applications will not be considered.

Selection of scholarship recipients will be based on a cumulative evaluation of overall GPA, scholastic achievements, community involvement, and extracurricular activities. If you should have any questions or concerns please feel free to email us at wewinc.org@gmail.com, allow 48 hours for a response, **NO PHONE CALLS PLEASE**.

RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:

- Completed application form
- Copy of current Transcript (sealed)
- Copy of current Photo (Professional Headshot or Senior Photo)
- Two (2) letters of recommendation (Include reference forms)
- The 500-1000 word maximum typed essay, double spaced (approximately two pages) outlining the applicant's educational and/or vocational aspirations.

DO NOT STAPLE, USE A PAPER CLIP