



2008 SCHOLARSHIP APPLICATION

The Orphan Society of America is committed to providing post-secondary academic scholarships to individuals orphaned by violence. Consideration for an OSA scholarship requires the applicant to fit one of the three following categories:

- An individual who has lost both parents to an act of violence, natural or man-made
- An individual who has lost one parent to an act of violence and is not currently in the custody of the living parent.
- An individual who has lost one parent to an act of violence and is currently in the custody of the living parent.

Personal Information

Name _____ Date of Birth _____

Address _____

No. & Street _____

City, State, Zip _____

Telephone (____) _____ Email Address _____

Do you consider yourself... (Check all that apply)

- African American
- Asian
- Caucasian
- Hispanic/Latino
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Other _____

Gender

Male Female

Which of the following describes you? I am...

- an individual who has lost both parents to an act of violence, natural or man-made
- an individual who has lost one parent to an act of violence and is not currently in the custody of the living parent.
- an individual who has lost one parent to an act of violence and is currently in the custody of the living parent.

Are you presently in kinship care? Yes No

Relative: _____

Are you presently in foster care? Yes No

Foster Parents: _____

Are you presently in a children's home? Yes No

Where? _____

Do you have a legal guardian? Yes No

Who? _____

How old were you when you were orphaned?

How old was your mom when she died?

How old was your dad when he died?

Who was your guardian when you were first orphaned?

Who is your guardian now?

Personal or Academic Reference:

Please attach two letters of recommendation.

Educational Information

What is the highest level of schooling that you have completed?

_____ I am a high school senior

_____ I am currently attending college What year? _____

High School or College attended or attending:

Name _____

Address _____

No. & Street _____

City, State, Zip _____

Telephone (____) _____

Institution planning to apply this scholarship to:

Name _____

Address _____

No. & Street _____

City, State, Zip _____

Telephone (____) _____

Major field of study _____ Career objective _____

Verification of Acceptance -- Please attach a copy of your letter of acceptance to the program.

Financial Information

• Annual adjusted gross **household** income last year \$ _____

Please attach ONE of the following documents as proof of your household income:

1. A copy of your current federal income tax form **OR**
2. A copy of your social security award letter, VA benefits, pension statements or W-2 forms, if you do not file a tax return

How many people live in your household (including yourself)? _____

• Does anyone claim you on their tax return? Yes No

(If yes, a copy of their tax form must be attached to this application)

Statement of Purpose

Please write a 1-2 page essay explaining your situation as an individual orphaned by violence and why you are seeking an OSA Scholarship.

Verification and Release

I attest that the information I have provided is complete and accurate and I agree that The Orphan Society of America may verify this information.

I agree that OSA may disclose information contained in this application to any donors who help fulfill my request.

If The Orphan Society of America awards a scholarship to me, I hereby authorize OSA, on a royalty-free basis, to include my life-story as part of its publicity and fund-raising initiatives.

Applicant's Signature Date

Parent or Guardian's Signature (if applicable) Date