

RESILIENT LEADER SCHOLARSHIP APPLICATION

Scholarship Overview

The Resilient Leader Scholarship is a merit-based undergraduate scholarship awarded to exceptional Maricopa County high school graduates who have demonstrated excellence in academics, extracurricular activities, leadership and community service. A Resilient Leader is someone who has made significant achievements despite overwhelming adversity in their lives. They are someone who has pursued continuous improvement despite facing uncommon challenges for their age. The most impactful leader is not one distinguished by their titles, incomes, or accomplishments; rather, they are those who have gone to exceeding lengths to better themselves.

A resilient leader is unique among their high-achieving peers in their desire to figure out who they are and how they will add value to society. The Resilient Leader Scholarship will be shaped for each scholar to ensure they are assisted through mentorship and financial support.

As a merit-based program, the Resilient Leader Scholarship is open to all applicants who meet the requirements. Winners are selected based on meeting the eligibility requirements and convincing the scholarship board that they are committed to developing themselves, becoming contributors to society and proving their financial need.

Award: \$2,000-\$5,000

Eligibility Requirements:

- Students must be motivated towards self-improvement.
- Have already faced significant challenges in their lives.
- Demonstrate a financial need (FASFA, free or reduced lunch, or other unique financial circumstances).
- Have at least a 3.0 weighted high school GPA.
- Been accepted in a full-time course of study towards a degree at an accredited four-year U.S. college/university.
- Completed at least 1,000 hours of volunteer experience (preference will be given to students who have volunteered in a leadership or mentoring role and are active).
- Should express a desire to mentor others.
- Submit the following four components to Team@LeadAZ.org:
 - a. Completed application form
 - b. A PowerPoint presentation about you and your life plan
 - c. Cover letter, Resume, Professional Photo
 - d. Two Letters of Recommendation
- Deadline: see LeadAZ.org/scholarship

Application Components:

This application includes three major sections:

- Section 1: Applicant Profile (page 2)
- Section 2: Household Financial Information (page 4)
- Section 3: Personal Essays (page 6)

Application Process:

- Once the application is completed, please submit to Team@LeadAZ.org for evaluation by the Selection Committee.
- If the requirements are met in full, a Selection Committee member will conduct a virtual interview with the applicant and his/her parent/guardian.
- Once the Selection Committee completes their evaluation, select candidates will meet the full Selection Committee in person. During this meeting, the applicant will present their PowerPoint presentation about their life and take part in a strategy session with the selection committee to discuss how the scholarship funds might be used to best benefit the applicant. Each presentation/interview is expected to be between 30-60 minutes.
- If accepted, the applicant will be notified of scholarship and awarded funds.

| Section 1: Applicant Profile | | | |
|---|-------------|-------------|--|
| General Information | | | |
| First and Last Name: | | | |
| Email: | | Phone: | |
| Address (address, city, state, zip code): | | | |
| Gender: | | Birthdate: | |
| Ethnicity / Race: | Ethnicity: | Race: | |
| Current Job/Monthly Income: | Job: | Income: | |
| Please give a short description to help us better get to know you (strengths/limitations, what you love, your goals, and how you feel the scholarship will help you). (500 words or less) | | | |
| | | | |
| High School Information: | | | |
| High School: | | | |
| Designation [Public, Private, Etc.]: | | | |
| School Address [city, state, zip]: | | | |
| Current GPA: | | | |
| SAT/ACT Score: | | | |
| AP or IB Courses/Exam Score (if available): | | | |
| Expected Graduation Date from High School (MM/YY): | | | |
| Leadership Experience: | | | |
| Have you successfully graduated from a Leadership Society of Arizona Program? | Yes _____ | No _____ | |
| Total Internships / Total Hours: | # _____ | Hours _____ | |
| Have you completed a Resume? | Yes _____ | No _____ | |
| Community Services Hours: | Hours _____ | | |

| Employment History: | | |
|---|-----------------------|---|
| # | Company | (MM/YY) |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Awards / Extracurriculars / Community Service: | | |
| # | (MM/YY) | Award / Extracurricular / Community Service |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| College Information: | | |
| College/University Accepted To: | | |
| Application Acceptance Notice (MM/YY): | | |
| Declared Major: | | |
| Expected Start Date (MM/YY): | | |
| Expected Graduation Date (MM/YY): | | |
| First Generation College Student: | Yes: _____ | No: _____ |
| Cost of Tuition Per Year: | \$ _____ | |
| Cost of Books Per Year: | \$ _____ | |
| Cost of Room & Board Per Year: | \$ _____ | |
| Mode of Transportation and Cost Per Year: | Transportation: _____ | Cost: _____ |
| Total College/University Cost | \$ _____ | |

| | | |
|--|---------|--------|
| Financial Information: Please identify what financial support you are receiving. | | |
| Submitted for FAFSA | Yes ___ | No ___ |
| If FAFSA was not submitted, are you planning on submitting | Yes ___ | No ___ |
| List FAFSA Awards Below (e.g. Pell Grant, Work Study, etc.): | | |
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |
| Total FAFSA Awards: | | \$ |
| List Additional Financial Support [relatives, job, other grants, and scholarships] | | |
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |
| 6. | | \$ |
| Total Additional Financial Support | | \$ |

| Section 2: Household Financial Information (Must be filled out by parent/guardian if you are living with them. If you are on your own, please fill out) | | | |
|--|------|-----|-----------------------------|
| Be aware that before acceptance, documentation and a home visit may be requested to verify information provided. | | | |
| Household size (# of people living in household). Please list all household members below: | | | |
| # | Name | Age | Relation to Child Applicant |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

| Please list any household members who are currently employed or receive income: | | | | |
|---|------------------------------------|-----------------|------------------|-----------------|
| Household member Name: | Employer Company and Contact Name: | Employer Phone: | Member Position: | Monthly Income: |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Please mark the answer that best fits your current housing situation:

Apartment ___ House Renter ___ House owner (mortgage) ___ House owner (paid off) ___

Other, Please Explain: _____

| | |
|---------------------------------|----|
| Total household monthly income: | \$ |
|---------------------------------|----|

| | | |
|---|---------|--------|
| Are you receiving government nutrition assistance (SNAP)? | Yes ___ | No ___ |
|---|---------|--------|

| | | |
|--|---------|--------|
| Are you receiving government healthcare assistance? (AHCCCS) | Yes ___ | No ___ |
|--|---------|--------|

List other sources of financial assistance or income you are receiving (unemployment, alimony, social security, etc.):

| |
|--|
| |
|--|

Breakout of Monthly Expenses (Must be filled out by parent/guardian)

Please give your estimated monthly expenses:

| | |
|---|----|
| Housing (rent, mortgage, taxes, insurance, etc.): | \$ |
|---|----|

| | |
|---------------------------------------|----|
| Utility (gas, electric, water, etc.): | \$ |
|---------------------------------------|----|

| | |
|-------------------------|----|
| Telephone and internet: | \$ |
|-------------------------|----|

| | |
|--|----|
| Medical (insurance, medication, visits, etc.): | \$ |
|--|----|

| | |
|---|----|
| Transportation (car mortgage, bus fare, gas, etc.): | \$ |
|---|----|

| | |
|---|----|
| What are your monthly essential personal costs (food, clothes, supplies)? | \$ |
|---|----|

Please list any other major monthly expenses:

| | |
|-------|----|
| Item: | \$ |
|-------|----|

| | |
|-------|----|
| Item: | \$ |
|-------|----|

| | |
|-------|----|
| Item: | \$ |
|-------|----|

| | |
|-------|----|
| Item: | \$ |
|-------|----|

| | |
|-------------------------------|----|
| Total Monthly Expenses | \$ |
|-------------------------------|----|

Please provide any other information that can help us understand your financial need for the given scholarship.

Section 3: Essays

In this section, please answer the following essay questions.

Question 1: What makes you a resilient leader? Describe any challenges you have overcome in your life. (500 words)

Question 2: How have you served your community and how has it helped you to become a better leader? (500 words)



FINAL SIGNATURE

I swear under penalty of perjury that the statements and documents provided about myself and persons in my home including information about school GPA, household financial information and the child applicant information are true and correct to the best of my knowledge, and that I have not withheld information.

I, the undersigned parent, guardian, or legal representative, indicate that I have read this document and provide my consent for the application into the Resilient Leader Scholarship for the aforementioned child and I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release, and all household and financial information is accurate and can be verified.

Print Parent/Guardian/Representative

Parent/Guardian/Representative Signature

Date

Student Applicant

Student Applicant Signature

Date