

VALLEY GUARDIANS EXECUTIVE LEADER SCHOLARSHIP APPLICATION

Scholarship Overview

The Valley Guardians Executive Leader Scholarship is a need/merit-based undergraduate scholarship awarded to exceptional high school students, living in Arizona, who need financial support to continue their dreams and success through continued education. The Valley Guardians Executive Leader Scholar is unique among their peers in their desire to figure out who they are, their expertise and what they want and how to translate that into adding value to society. In addition to the life skills and leadership mentoring provided to awarded recipients, the scholarship may cover the following things: full tuition, fees, books, continued education, internships and room and board. The financial benefits of the scholarship will be shaped for each scholar to ensure they have enough mentorship and financial support to achieve their goals.

As a need/merit-based program, the Valley Guardians Executive Leader Scholarship is open to all applicants, living in Arizona, regardless of race, religion, sexual orientation, or any other background factors. Winners are selected based on three distinct criteria which demonstrate the applicants financial need, personal accountability, and past achievements.

Award: 2-4-year Undergraduate Scholarship

Selection Criteria

- **Financial need.** The applicant must demonstrate that they need the financial support. This can include but is not limited to (1) personal efforts to raise money through paid employment, other scholarships, FAFSA, and family members. (2) due diligence in selecting a cost-effective option for their path of continued education.
- **Personal accountability.** The applicant must demonstrate that they are committed to developing themselves and becoming contributors to society. This can include but is not limited to a life plan and goals; and specifically, how their training/education will contribute to that life plan.
- **Past achievements.** The applicant must demonstrate any exceptional achievements they have made so far in life. This can include but is not limited to (1) academic success (2) involvement in extracurricular activities (3) participation in the community and (4) contributions in the home.

Application Components:

This application includes two major sections:

- Section 1: Student Applicant Profile (page 2)
- Section 2: Financial and Household Information (page 4)
- Application deliverables:
 - a. Completed application form [Section 1 and 2]
 - b. Cover letter, Resume, Professional Photo
 - c. Two Letters of Recommendation
 - d. Transcript Certifying Academic Performance
 - e. A PowerPoint presentation about you and your life plan

Application Process:

Accepting Applications: Now

Application Deadline: 3/31/2023 [Submit to Team@LeadAZ.org for evaluation by the Selection Committee].

Evaluation:

- Once application is received, you will be scheduled to meet with the Leadership Society of Arizona (LSA) for an initial interview. Incomplete applications will be disqualified.
- If you pass the interview, LSA will schedule a time for you to come to their home office and help you put your financial plan based on your needs.
- Once complete, LSA will submit your plan to the Selection Committee for evaluation and their determination.
- During April, the Selection Committee will complete their evaluation, and select candidates will be invited to virtually meet the full Selection Committee for a personal presentation and interview. Each presentation/interview is expected to be around 30 minutes.
- In May, the Selection Committee will identify their selected Finalists and LSA will begin the onboarding process.

Award Announcement: Up to 8/5/2023

- Students accepted will be invited to virtually meet with the Selection Committee to receive the awarded scholarship.

Section 1: Student Applicant Profile**General Information**

First and Last Name:

Email:

Phone:

Address (address, city, state, zip code):

Gender:

Ethnicity:

Birthdate / Age:

Current Job/Monthly Income:

Job:

Monthly Income:

Please give a short description to help us better get to know you (strengths/limitations, what you love, your vision and how you feel the scholarship will help you).

Please provide a simple plan on the education and training needed to achieve your goals below. Plan should include a timeline.

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:		
Are you in an existing Valley Guardians supported program?	Yes _____	No _____
Have you successfully graduated from a Valley Guardians supported program?	Yes _____	No _____
Which Valley Guardians or Valley Guardians Associate is nominating you?	Name _____	
Total Internships / Total Hours:	# _____	Hours _____
Have you completed a Resume?	Yes _____	No _____
Community Services Hours:	Hours _____	
Gave a Presentation on Yourself:	Yes _____	No _____
Won a Valley Guardians supported program award:	Yes _____	No _____

Employment History: please list below.		
#	Company	(MM/YY)
1.		
2.		
3.		
4.		

Awards / Extracurriculars / Community Service:		
#	(MM/YY)	Award / Extracurricular / Community Service
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Section 2: Financial Information		
Be aware that before acceptance, documentation and a home visit may be requested to verify information provided.		
Program Overview: Fill totals in from individual sections below.		
Total Cost of Program Choice:	\$	
Total Personal Income:	\$	
Total Personal Expenses:	\$	
Difference (Support Needed):	\$	
Program of Choice Information:		
Program Applying To:		
Application Acceptance Notice (MM/YY):		
# of Years/Months to Complete Program:		
Major Interest (if college):		
Trade/Vocation Interest (if other):		
Expected Start Date (MM/YY):		
Expected Graduation Date (MM/YY):		
First Generation College Student:	Yes: _____	No: _____
Cost of Program Tuition Per Year:	\$	
Cost of Program Books Per Year:	\$	
Cost of Program Room & Board Per Year:	\$	
Mode of Transportation and Cost Per Year:	Trans: _____	Cost: _____
Total Program Cost	\$	
Income [Employment, FAFSA Awards, Parent Support, Donors, Scholarships, etc.]		
List all expected money applicant will earn or be given over the life of the program.		
Type (Job, FAFSA, Etc.)	Frequency of Payment [One Time, Monthly, Yearly, etc.]	Income
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Submitted for FAFSA	Yes ____	No ____
If FAFSA was not submitted, are you planning on submitting	Yes ____	No ____
\$Total Income:	\$Per Semester:	\$Per Year:

Estimated Breakout of Monthly Personal Expenses When Attending Your Continued Education

List all expected expenses applicant will have over the life of the program.

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 Personal Expenses:	\$
Total Personal Expenses (Monthly):	\$

List steps taken below, to help support yourself financially over the life of the program:

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Household size (# of people living in household). Please list all household members below in order:				
# of People in Household	Household Names	Ages	Relation to Applicant	
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 Household 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 Household Expenses	\$

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 Valley Guardians’ Executive Leadership Program 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