

William B. Driscoll
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January 10, 2017

Dr. Sandra Benavidez
Lead Counselor
Irving High School
900 N. O'Connor Road
Irving, TX 75061

Re: Rose/Silverthorne Foundation Scholarship

Dear Sandra:

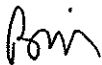
Enclosed is the 2017 application and guidelines for a scholarship from the Rose/Silverthorne Foundation. This year we are happy to inform you the amount of scholarship funds has increased to \$6,000 per semester for a total of \$48,000.

Please pass this application on to any student you believe meets the profile of the type of candidate we are seeking.

You may distribute the application to as many students as you wish. However, please understand we discourage students from applying when they do not meet the eligibility profile outlined in the scholarship guidelines.

Please do not hesitate to contact me should you have any questions in this regard.

Sincerely,



Bill Driscoll
Treasurer
Rose/Silverthorne Foundation

Enclosures

Rose/Silverthorne Foundation

Scholarship Guidelines

Revised January 1, 2017

PURPOSE:

The purpose of the Rose/Silverthorne Foundation is to provide full scholarships to high school students that would not otherwise be able to afford a college education. The scholarship pays for all tuition, books, room and board at a Texas State Public School. We do not grant scholarships to students wanting to attend private colleges. The student or the student's family will provide "spending" money only. The student may only work part-time if at all while attending classes as the Foundation wants the student to be active on campus and have the time to enjoy the college experience.

ELIGIBILITY:

1. Current high school senior.
2. GPA within the range of high B to low A.
3. Must be drug free and a nonsmoker.
4. Have no dependents.
5. Must plan on being a full time student (15 hours per semester) in the fall semester of the year in which the application is submitted (or if starting in the summer take 6 hours per summer semester.)
6. Must plan on living on campus for two years unless you receive the Foundation's approval to live off campus.
7. Must be single and plan to remain so while covered by the scholarship.

APPLICATION PROCEDURE:

1. Complete the application in full using **BLACK INK** and include typed essay.
2. Attach a copy of your High School transcript and SAT or ACT score.
3. **Attach a copy of your parent's 2016 Income Tax Return along with all forms, schedules and W-2s. Example: Schedule A, C, E, D (Black out any social security numbers on tax forms and W-2s)**
4. Have the references you listed complete, sign and return to you in sealed envelopes their Letters of Recommendation and include them with your application.
5. **Submit your completed application to Mr. Bill Driscoll, 2940 N. O'Connor Road, Suite 125, Irving, TX 75062 by March 31, 2017.**
6. Scholarship awards are generally announced at your high school's awards program.

Selection will be based on financial need and academic promise as determined by the Scholarship Committee, and will be made without regard to race, creed, color or national origin.

AMOUNT AND USE OF FUNDS:

1. The amount of the scholarship will be determined on an individual basis, but, generally will not exceed \$6,000 per semester. The award can be reduced by the amount of scholarships and grants received from other organizations.
2. Scholarships cannot continue for more than eight semesters or the equivalent without additional consideration by the Scholarship Committee.
3. Funds will be expended for tuition, mandatory fees, books, room and board.
4. Funds will be paid directly to the college or university the student attends when possible. Otherwise, the student will be required to present receipts clearly identifying expenditures for reimbursement by the Scholarship Foundation.
5. Scholarships can be adjusted by the Scholarship Committee on an annual basis due to availability of funds.

Any circumstances not provided for in these guidelines will be considered by the Scholarship Committee as they arise.

**ROSE/SILVERTHORNE FOUNDATION
SCHOLARSHIP APPLICATION**

Please use **BLACK INK** to complete and return to:

Mr. Bill Driscoll
2940 N. O'Connor Road, Suite 125
Irving, TX 75062

Application Deadline: March 31, 2017

Section to be completed by school official:

Grade average _____ Rank in class _____ Total number in class _____

SAT: Reading/Writing _____ Math _____ Essay _____ SAT Total _____ ACT Total _____
(Optional)

Name of school _____

Signature _____
School office personnel (Principal or Counselor) _____ Date _____

Student personal information: (Please type or print.)

_____ Last name _____ First name _____

_____ Permanent address _____ City _____ State _____ Zip Code _____

_____ Home phone number _____ Cell phone number _____ E-mail address _____

Sex _____ Date of birth ____ / ____ / ____ Age _____ Marital status _____

Do you have any dependents? Yes _____ No _____ Are you a U.S. Citizen? Yes _____ No _____

If No, what year did you come to the United States _____, and at what age did you learn the English language? _____

Do you work during school or summer - Yes _____ No _____

Company _____ Type of work _____ Employment dates _____

Father/Guardian name _____ Occupation _____

Address _____

Mother/Guardian name _____ Occupation _____

Address _____

2016 Gross family income _____. **Attach copy (copies) of last year's (2016) IRS Form 1040 with all forms and supporting Schedules and W-2s.** (We require both parents' tax returns if they are filing separately. If you are submitting only one parent's tax return, you should send a written explanation as to why the other parent's return is not included.) In addition to the gross family income reported on the income tax return, list any government assistance, social security or child support you or your parents receive.

Number of dependents supported by parents _____

Ages of children supported by parents _____

Other dependents relation and age _____

Describe any existing conditions that cause unusual financial expenditure, such as illness, other children in college, etc.

Name of college or institution you plan to attend _____
(Please remember that our foundation only grants scholarships to Texas State Public Schools. If you are only interested in a private college please do not apply for our scholarship.)

Have you been accepted for admission? _____ If not, have you made application for admission? _____

To which other institutions have you made application? _____

Anticipated major and reason for choosing. If undecided indicate undecided. _____

Please list any other scholarships or financial aid you have applied for and indicate the result or indicate if the award is pending. (Please use a separate sheet of paper if necessary.)

<u>Name of organization</u>	<u>Status</u>	<u>Period covered</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Extra-curricular activities, awards and honors. Include club memberships, offices held, committee work, athletic teams, music organizations, community, church, etc. (Please use a separate sheet of paper if necessary.)

Advanced Placement (AP) Exam

Did you take an AP exam? Yes _____ No _____ If yes, please list all courses, year taken and scores received. (Please use a separate sheet of paper if necessary.)

COURSE NAME	YEAR TAKEN	GRADE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay

On a separate sheet of paper, please **type** an essay explaining why you want to further your education, why you should be considered for a scholarship and how it will help you obtain your goals.

Recommendation Letters

We also request that you provide three letters of recommendation. Two letters from school personnel such as teachers, counselors, coaches etc., and one letter from someone well acquainted with you outside of school.

Please list the names and addresses of the people giving you letters of recommendation.

Name

Phone number

Address

E-mail Address

Name

Phone number

Address

E-mail Address

Name

Phone number

Address

E-mail Address

I am drug free and a nonsmoker, and I pledge to remain drug free and a nonsmoker while I pursue my college education.

I certify that to the best of my knowledge the information in this application for a Rose/Silverthorne Foundation scholarship is correct and complete. I further certify that, I will abide by the rules and regulations of the Rose/Silverthorne Foundation.

It is the goal of the Foundation that all scholarship recipients graduate from college debt free. I understand that the Foundation prohibits scholarship recipients from receiving education loans without prior written approval from the Foundation.

In general, the scholarships awarded by the Foundation are for eight semesters or the equivalent. However, each scholarship will be reviewed for renewal at the end of each semester. I understand the Foundation can decline to renew a scholarship at any time during this eight semester period.

By my signature, I authorize the release of my school transcript and records to the Rose/Silverthorne Foundation and allow the Foundation to contact my school and all references regarding my application.

Signature of applicant _____

Date _____

APPLICATION DEADLINE: MARCH 31, 2017

ROSE/SILVERTHORNE FOUNDATION

Application Check List

Application Deadline: March 31, 2017

I am submitting with this check list my completed Rose/Silverthorne Foundation Scholarship Application.

Incomplete applications will not be processed!

Answer the questions below by circling Yes or No.

- | | | |
|-----|----|---|
| Yes | No | I listed both of my parents on this application. |
| Yes | No | <u>I included the 2016 Income Tax Form 1040 of both my parents, including all forms and supporting Schedules and W-2s.</u> |
| Yes | No | I included a copy of my high school transcript. |
| Yes | No | I included the results of my SAT and/or ACT tests. |
| Yes | No | I included the results of my Advanced Placement (AP) Exams. |
| Yes | No | I included three (3) letters of recommendation. |
| Yes | No | I included my essay. |
| Yes | No | My high school principal or counselor completed and signed school section on page one. |
| Yes | No | I signed my application. |

If the answer to any of the above questions is no, give an explanation why you have not included the requested information.

Signature

Date