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**2023-24 CDB Scholarship Foundation Application**

**APPLICATION PACKET CHECKLIST**

**\_\_\_\_\_ Scholarship Application**

**\_\_\_\_\_ Official Transcript**

**\_\_\_\_\_ Copy of your SAT or ACT scores (If required)**

**\_\_\_\_\_ Two (2) Recommendations (Forms Attached)**

**\_\_\_\_\_ Typewritten Essay**

**\_\_\_\_\_ Make certain your email address is complete.**

**CDB Scholarship Foundation, Inc.**

**1500 Chestnut Street, Suite 2**

**ATTN # 1194**

**Philadelphia, PA 19102**

**info@craigdbutlerscholarship.com**

**SCHOLARSHIP APPLICATION**

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| ***PERSONAL INFORMATION*** |

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| **Legal Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Permanent Home Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Number and Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| City | | | | | | | | | | | | | | | | | | | | | | State | | | | Zip code | | | | | | | | | |

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| **Home Telephone** | | | | | | | | | | | | | |  | | | | | | | | **Cell Phone** | | | | | | | | | | | | | |
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| **E-Mail Address** |
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| **Date of Birth** |  |  |  |  |  |  |  |  |  |  | **1st Generation College Student?** |

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| **Gender** | Male |  | Female |  |  | **US Citizenship** | YES |  | NO |  |

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| *EDUCATION* |

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| **Name of current high school** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Reporting Code | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | State | | | | Zip code | | | | | | | | | |

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| **Name and address of the college/university you plan to attend.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City | | | | | | | | | | | | | | | | | | | | | | State | | | | Zip code | | | | | | | | | |

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| Course of Study (major field) |  |
| ***FAMILY DATA*** | |

|  |  |  |
| --- | --- | --- |
|  | Father/Male Guardian | Mother/Female Guardian |
| Name |  |  |
| Occupation/Title |  |  |
| Employer |  |  |
|  |  |  |
|  | Brothers | Sisters |
| Number of |  |  |
| Age(s) |  |  |

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| SCHOOL COURSES, ACTIVITIES, AND EXPERIENCES |

**List Advanced Placement (AP), honors courses, and internships you have participated in that are related to your academic or career interest.**

|  |  |  |
| --- | --- | --- |
| Course of Program | Dates | Grade Earned |
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**List school and community activities in which you have participated, such as varsity and club sports, scouting, church groups, and student government. Include memberships in the Honor Society, Beta Club, and volunteer activities.**

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| Activity | Offices Held | Dates of Participation |
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**List jobs you have held in the past three years.**

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| --- | --- | --- | --- | --- |
| Job or Kind of Work | Employer | Year of School | Date(s) of Employment | Hours per Week |
|  |  |  |  |  |
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**List any honors, awards, and/or special recognition you have received over the last year.**

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**RECOMMENDATIONS**

All scholarship candidates need two (2) statements of personal recommendations to support their application. Utilize the attached forms to complete this portion of the application or type them on a separate word document.

* Instructor or school official who is familiar with your academic work.
* Adult (non-relative) who can write about your community service work and/or give a personal character reference.
* Counselor, administrator, club sponsor, job coordinator, coach, or community leader.

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| ***CERTIFICATION BY SCHOOL OFFICIAL*** |

Please review the student's responses, provide the data requested below, and attach an **official** transcript of grades to this questionnaire.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Legal Name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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*Test Scores*

**Admission test scores are required unless the university/college attending has a Test-Optional Policy.**

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| --- | --- | --- | --- | --- | --- |
| **SAT I Test Date** |  | **Verbal** |  | **Math** |  |
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| **SAT I Test Date** |  | **Verbal** |  | **Math** |  |
|  |  |  |  |  |  |
| **SAT I Test Date** |  | **Verbal** |  | **Math** |  |
|  |  |  |  |  |  |
| **ACT Test Date** |  | **Composite Score** | |  |  |

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| **ACT Test Date** |  | **Composite Score** |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Class Rank** |  | **out of** |  | **graduating seniors** | |
|  |  |  |  |  |  |
| **Grade Point Average** |  | **using a** |  | **scale** |  |
|  |  |  |  |  |  |
| **Anticipated Graduation date** | | **Month** |  | **Year** |  |

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|  | |
| Name of school official | Title |
|  |  |
| Signature | Date |

***FINANCIAL INFORMATION***

1. Have you applied for any other financial assistance?

YES\_\_\_\_\_\_ NO \_\_\_\_\_

1. Have you been awarded financial aid or scholarship monies?

YES \_\_\_\_ NO \_\_\_\_\_\_

1. Please write any information or special circumstances that you would like the committee to consider your application. For example, communicate any pertinent or unusual circumstances or information concerning your financial need. (You may attach a separate sheet.)

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***PERSONAL ESSAY***

Discuss why you applied for this scholarship and why you feel you are a good candidate for the award. Write the essay on a separate sheet of paper and attach it to the application.

State your position, defend your answer, and most importantly, answer the question.

***CERTIFICATION***

*I affirm that all information given is true, correct, and complete to the best of my knowledge. I fully understand that any misrepresentation, incorrect or incomplete information will lead to disqualification for and forfeiture of any scholarship grant. I further understand that funds awarded to me in the form of a scholarship will be disbursed only if I fully comply with all requirements as set forth by the organization. All materials submitted in the application process will remain the property of The CDB Scholarship Foundation, Inc.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Applicant Date

Signature of Parent/Guardian (Indicating Review)

PARENTAL COMMENTS:

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Please send this completed application, school transcript, recommendation forms, essay, and SAT/ACT scores (if applicable) to the mailing address below or upload all completed documents to the email address below.

**Craig D. Butler Scholarship Committee**

**1500 Chestnut Street, Suite 2**

**ATTN# 1194**

**Philadelphia, PA 19102**

**info@craigdbutlerscholarship.com**

**ALL** application materials *must* be received **by Friday, April 12, 2024.**

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Recommendation Form

**CDB Scholarship Foundation, Inc.**

### SCHOLARSHIP RECOMMENDATION FORM

**TO THE APPLICANT**: Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you to type or print the details below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF APPLICANT** **DOB**

(Continue on additional sheets if necessary)

Recommender’s Name (TYPE OR PRINT)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendation Form

**CDB Scholarship Foundation, Inc.**

### SCHOLARSHIP RECOMMENDATION FORM

**TO THE APPLICANT**: Complete this portion of the form. Then give the form to one of the individuals who will write a recommendation for you to type or print the details below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF APPLICANT** **DOB**

(Continue on additional sheets if necessary)

Recommender’s Name (TYPE OR PRINT)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_