



# **2022-23 CDB Scholarship Foundation Application**

## **APPLICATION PACKET CHECKLIST**

- Scholarship Application**
- Official Transcript**
- Copy of your SAT or ACT scores**
- Two (2) Recommendations (Forms Attached)**
- Typewritten Essay**
- Make certain your name is on all attachments.**

**CDB Scholarship Foundation, Inc.**  
**1500 Chestnut Street, Suite 2**  
**ATTN # 1194**  
**Philadelphia, PA 19102**

**SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION**

Legal Name		
Last	First	M

Permanent Home Address

Number and Street	State	Zip code
City	State	Zip code

Home Telephone

Cell Phone

E-Mail Address

<b>Date of Birth</b>		<b>1<sup>st</sup> Generation College Student?</b>	
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<b>Gender</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<b>US Citizenship</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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**EDUCATION**

Name of current high school	Reporting Code
City	State Zip code

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

Course of Study  
(major field)



	Father/Male Guardian	Mother/Female Guardian
Name		
Occupation/Title		
Employer		

	Brothers	Sisters
Number of		
Age(s)		

**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

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 Honor Society, Beta Club, and volunteer activities.

Activity	Offices Held	Dates of Participation

List jobs you have held in the past three years.

Job or Kind of Work	Employer	Year of School	Date(s) of Employment	Hours per Week







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 questionnaire, school transcript, recommendation forms, and a high school profile (if available) and forward to the address below.

**Craig D. Butler Scholarship Committee**  
**1500 Chestnut Street, Suite 2**  
**ATTN# 1194**  
**Philadelphia, PA 19102**

**ALL** application materials *must* be received **by Friday, April 14, 2023.**



## 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. The Scholarship Committee has provided the address to which the recommendation is to be sent when completed.

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**NAME OF APPLICANT**

**DOB**

(Continue on additional sheets if necessary)

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Recommender's Name (TYPE OR PRINT)

Signature \_\_\_\_\_

Email \_\_\_\_\_

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





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**NAME OF APPLICANT**

**DOB**

(Continue on additional sheets if necessary)

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Recommender's Name (TYPE OR PRINT)

Signature \_\_\_\_\_

Email \_\_\_\_\_

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