

The Chasity Taylor Foundation High School Senior Scholarship Application

Thank you for taking time to apply for a Chasity Taylor Scholarship! To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions along the way.

Once completed, please submit all your information to The Chasity Taylor Foundation as follows:

ATTN: Scholarship Director
Chasity Taylor Foundation
7055 Blanding Blvd., Unit 441104
Jacksonville FL 32222

By Email: scholarship@chasitytaylorfoundation.org

1. **Applicant's Full Name:** _____
LAST NAME FIRST NAME MIDDLE INITIAL

2. **Applicant's Complete Address:**

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY

STATE/PROVINCE

POSTAL CODE/ZIP CODE

COUNTRY

PHONE

E-MAIL ADDRESS

3. **Date to graduate from high school & name of high school currently attending:**

4. **Date to enter college:** _____

5. **Name of college applied and accepted to:**

6. **Current GPA:** _____

7. List your extracurricular activities or community services hours.

8. List the names of your references, limited to three (3) total. (Include actual reference letters as attachments, at most 2 pages each, single-spaced, 12-point type; may be less, such as double-spaced, etc.):

9. Any general comments you wish to include? (You may also include them as an attachment, limited to one page.)

10. I have submitted a photograph to be used if I am selected as a scholarship winner: Yes / No
[Please note: We welcome digital photos.]

11. Please provide a one page essay explaining how alcohol and or any other substances can or have impacted your life. {submit as an attachment}

12. I have signed and submitted the attached "Assignment of Rights & Consent to Publish Scholarship Information": Yes / No

ASSIGNMENT OF RIGHTS & CONSENT TO PUBLISH SCHOLARSHIP INFORMATION

KNOW ALL PERSONS BY THESE PRESENTS:

THAT I, _____, do hereby give The Chasity Taylor Foundation, Inc. full rights to publish my name, where I live (city, state, and country only; actual street addresses and phone numbers will not be disclosed), my pertinent family information, college I am attending, photographs that I have provided, and college update information.

I understand that by execution of this agreement, I am relinquishing my rights to any future compensation for reproduction, publication or use of the above information by The Chasity Taylor Foundation in its print or electronic correspondence, catalog, or on its website.

I hereby specifically waive my right to review or approve THE MODIFICATION of the above Information. (Modifications may be made to accommodate size or content restrictions. Modifications will not be made to “distort” or “falsify” any information provided.)

I understand that this Agreement in no way obligates The Chasity Taylor Foundation, Inc. to publish or use the above-described information.

EXECUTED this date of _____.

By: _____
(Print Name)

(Signature)

Witness: _____
(Print Name)

(Signature)

