



2019 SCHOLARSHIP PROGRAM APPLICATION

The CEW IV Foundation (CEWF) scholarship program is designed particularly to offer assistance to at-risk youth. Through the establishment of the scholarship program, financial support is provided to deserving students in pursuit of their educational and career endeavors. Scholarship awards are based primarily on academic achievement and financial need for youth who have earned or are in the process of earning their high school diploma and/or are seeking an undergraduate degree from an accredited two or four-year college or university.

The scholarship program is administered by the CEWF Board of Directors. Interested students must meet the eligibility criteria and complete an application package in order to be considered. Selection of final recipients will be based on review criteria established by the board. The criteria for the CEWF Scholarship are outlined below.

ELIGIBILITY REQUIREMENTS

1. Must be a high school graduating senior or a continuing student (freshman through junior) enrolled in a college or university.
2. Must currently have a minimum 3.0 cumulative grade point average on a 4.0 scale in order to apply (student must not have any F's on transcript).
3. Must show evidence of current enrollment or plans to enroll in a college or university by September 2019.
4. Must have an official school transcript mailed directly from the school to the address listed below.
5. Must submit two (**2**) letters of recommendation or references. One letter must be from a school official (i.e. counselor, teacher, principal, etc.) The letters should be included with your application and mailed to the address below.
6. Must submit an essay of no fewer than 500 words (typed, double spaced) entitled "What would I want my legacy to be if I were President of the United States".

The application and all other required documents must be postmarked by **June 30, 2019**.

Incomplete application packages will not be considered.

MAIL DOCUMENTS TO:

The Clyde E. Woodroffe IV Foundation
P.O. Box 2286
Woodbridge, VA 22195

Contact empoweringyouth@cewfoundation.org with any questions



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PLEASE PRINT OR TYPE RESPONSES

Illegible or incomplete applications will not be considered. An electronic version of this application is available at www.cewfoundation.org.

PART I

| | | |
|------------------------------------|-----------------------------------|--|
| NAME | | |
| PREFERRED MAILING ADDRESS | CITY, STATE, ZIP CODE | |
| APPLICANT E-MAIL | | |
| TELEPHONE # | DATE OF BIRTH | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| PARENT/GUARDIAN INFORMATION | | |
| NAME | NAME | |
| ADDRESS (If different from above) | ADDRESS (If different from above) | |
| PREFERRED CONTACT # | PREFERRED CONTACT # | |



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HIGH SCHOOL INFORMATION

| | |
|--------------------------------------|-----------------------|
| HIGH SCHOOL NAME | |
| HIGH SCHOOL MAILING ADDRESS | CITY, STATE, ZIP CODE |
| DATES ATTENDED | |
| TELEPHONE # | GPA (4.0 scale) |
| COLLEGE/UNIVERSITY NAME | |
| COLLEGE/UNIVERSITY MAILING ADDRESS | CITY, STATE, ZIP CODE |
| DATES ATTENDED | |
| TOTAL # OF CREDIT HOURS | GPA (4.0 scale) |
| FINANCIAL AID OFFICE MAILING ADDRESS | CITY, STATE, ZIP CODE |

COLLEGE/UNIVERSITY INFORMATION

| | |
|---|-----------------------|
| NAME OF COLLEGE YOU ATTEND OR PLAN TO ATTEND: | |
| FINANCIAL AID OFFICE MAILING ADDRESS | CITY, STATE, ZIP CODE |



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PART II

1. List any school clubs or associations in which you participated.

2. List any extra-curricular activities (outside of school) of which you are a member or in which you participate.

3. List any honorary awards or achievements.

**4. List any volunteer and/or community service activities and periods involved.
(Letter of volunteer activities and hours is required from volunteer organization)**



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PART III

Typed, double-spaced 500-word essay entitled: "What would I want my legacy to be if I were President of the United States".

**Provide Essay on a
Separate Sheet of
Paper**



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I hereby affirm that the information provided in this application and give permission for review by members of the CEWF Scholarship Committee.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

The CEWF Scholarship Committee awards scholarships to applicants of both sexes and of any race, color, creed, and national or ethnic origin. It does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, or against otherwise qualified disabled students in the granting of scholarships.



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Media/Talent Release Form

I, _____, hereby assign and irrevocably grant to the Clyde E. Woodroffe IV Foundation (CEWF), its licensees, agents, successors, and assigns, the right (but not the obligation), in perpetuity throughout the world and in all media either now or heretofore unknown, to use in any manner CEWF deems appropriate, and without limitation in and in connection with the event to be produced by and/or for CEWF, if any, by any means exhibited, advertised or exploited, my appearance in the film/videotape, still photographs of me, electronic representations and/or recordings of my voice taken or made of me by it, any music sung or played by me, and my actual or fictitious name. On my own behalf, and on behalf of my heirs, next of kin, executors, administrators, successors and assigns, I hereby release CEWF, of any form, liabilities and damages arising out of the rights granted hereunder, or the exercise thereof, arising from the same terms of this Agreement.

(Scholarship Applicant)

(Date)

(Address)

(City)

(State)

(Zip Code)

(Telephone Number)

(Name of High School and College Attending)

(CEWF Authorized Representative)

(Date)

I confirm that I am the parent or legal guardian of (talent/ speaker/performer), and I hereby irrevocably consent to the foregoing grant and agreement on his or her behalf. I hereby indemnify CEWF, its licensees, agents, successors and assigns, and defend and hold each of the foregoing harmless from any and all damages, losses and expenses resulting from any actual or purported disaffirmance or rescission of this agreement by the signatory thereto.

(Signature of Parent or Legal Guardian)

(Date)