

Opportunity Scholarship 2011

Background

The GlaxoSmithKline Opportunity Scholarship Fund was established to offer residents of Philadelphia County who have overcome significant adversity the opportunity to pursue their dreams and improve their lives through higher education.

Who is eligible?

Any person who is a U.S. citizen for a minimum of one year and residing in Philadelphia County for a minimum of one year may apply. The applicant must demonstrate the potential to succeed despite adversity, as well as an exceptional desire to improve himself or herself through higher education. Past recipients, for example, have included individuals who have overcome physical and sexual abuse, as well as homelessness as children, a recovering alcohol and heroin addict finishing a pre-law program, a young man living with Hodgkin's disease who just completed the physician's assistant program and a woman who raised three children on her own, survived bankruptcy and clinical depression and who is now studying to be a teacher of the deaf at a small four-year college. Due to the nature of the scholarship, high school students seeking general scholarship assistance are discouraged from applying unless they have faced significant adversity.

There are no limitations on age, income level or previous education. Scholarships may be used to begin a new program of study or continue a program in which the applicant is already enrolled.

Scholarships may be used at community colleges in the State of Pennsylvania and the following Pennsylvania state owned and state related universities; **Bloomsburg University, California University of PA, Cheney University, Clarion University, East Stroudsburg University, Edinboro University, Indiana University of PA (IUP), Kutztown University, Lincoln University (PA), Lock Haven University, Mansfield University, Millersville University, the Pennsylvania College of Technology, Penn State University, Shippensburg University, Slippery Rock University, Temple University, the University of Pittsburgh, and West Chester University.**

Awards will be made without regard to race, creed, color, sex, age or national origin. GlaxoSmithKline and The Philadelphia Foundation employees or their family members are not eligible. **Award recipients are expected to attend the award ceremony.**

What does the scholarship cover?

The Scholarship may be applied toward expenses for tuition, required fees, and required books or materials not covered by other financial aid, up to four years and up to \$5,000 per year. It is automatically renewable provided the recipient remains a student in good standing in the program he or she has chosen. (The Scholarship does not cover living expenses such as room and board, transportation, or child care.) **Scholarships may be used only for state universities and community colleges in Pennsylvania; those attending or planning to attend private or independent colleges or universities are not eligible.**

How does one apply?

Applicants must submit a completed application form, typed answers to the narrative questions, and transcripts from each high school and institution of higher education the applicant is currently attending or has attended in the past five years. In addition, applicants must have one person who knows him or her well (but not a family member) submit a recommendation form. The recommendation is a critical part of the application; it is wise to choose someone who can specifically address the applicant's adversity and desire for further education. All application materials, including transcripts, must be postmarked on or before **March 14th, 2011**

Who chooses the recipients?

Applications are screened by The Philadelphia Foundation, and final recommendations are made by an Advisory Committee of community leaders knowledgeable about education and training. All recommendations made by the Advisory Committee are approved by The Philadelphia Foundation Board of Managers and are final. The Philadelphia Foundation retains the right to revise/change the provisions of this program at any time.

When will applicants be notified?

Letters of notification will be mailed to all applicants by June 1. If notification of the decision has not been received by June 10, please contact The Philadelphia Foundation. Payments will be made to the institution or program on the student's behalf, not directly to the student.

Whom should I contact if I have questions?

Questions regarding the GlaxoSmithKline Opportunity Scholarship should be addressed to Sylvia Spivey at The Philadelphia Foundation (215) 863-8121 or sspivey@philafound.org.

PLEASE DO NOT CONTACT GLAXOSMITHKLINE DIRECTLY

Opportunity Scholarship 2011

APPLICATION DEADLINE: March 14, 2011

The GlaxoSmithKline Opportunity Scholarship Fund was established to offer residents of Philadelphia County who have overcome significant adversity the opportunity to pursue their dreams and improve their lives through higher education.

SELECTION CRITERIA

- Applicant must be a U.S. citizen for a minimum of one year and resident of Philadelphia County for a minimum of one year who is a graduating high school senior or adult student interested in improving their lives through education.
- The applicant must demonstrate the potential to succeed despite adversity.

AWARD AMOUNT

Scholarship amounts will vary up to \$5,000 per year for four years. The scholarship may be applied toward expenses for tuition, fees, required books and materials not covered by financial aid. The scholarship does **not** cover living expenses such as room and board, transportation or child care.

APPLICATION SUBMISSION INSTRUCTIONS

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Please answer all questions, attach requested documents and make sure the application is signed by applicant and/or parent/guardian. If a question does not apply to you, please mark "N/A".

Each of your attachments should be **labeled** with the corresponding alphabetical letter indicated on the list below. Please label each document boldly on the **top right-hand corner**.

A Completed Application Includes: (Please check the boxes to indicate the attachments you have submitted. If an attachment is not applicable to you, please mark "N/A" next to the check box)

- Attachment "A"** Narrative Question
- Attachment "B"** Give Recommendation Form (provided with the application) to the person who will complete the form. He or she must complete it and mail it directly to The Philadelphia Foundation.
(Recommendation must be postmarked on or before March 14 to be considered.)
- Attachment "C"** Copy of your high school transcript (if applicable).
- Attachment "D"** Copy of your post high school transcript (if applicable).
- Attachment "E"** Copy of your acceptance letter from the college/university you plan to attend (if applicable).
- Attachment "F"** Copy of your financial award letter from the college/university you plan to attend (if applicable).
- Attachment "G"** Copy of your college/university's estimated cost of attendance.
(This information can be obtained from the college's financial aid office, college brochure, or college website).

Please mail your application and attachments in ONE envelope to:

**The Philadelphia Foundation
GlaxoSmithKline Opportunity Scholarship
Attn: Sylvia T. Spivey
1234 Market Street, Suite 1800
Philadelphia, PA 19107**

**Opportunity Scholarship
2011**

APPLICANT INFORMATION *Please print or type clearly*

Name _____
Last First Middle

Permanent Address _____
Street

City County State Zip

Home Telephone (_____) _____ Work or Cell Telephone (_____) _____

Email: _____ Date of Birth: _____

U.S. Citizen? Yes No (Stop here, you must be a U.S. Citizen to apply.)

Resident of Philadelphia County for at least one year? Yes No (Stop here, you must be a resident of Philadelphia County to apply)

HIGH SCHOOL INFORMATION

Please attach: A copy of your official transcript if graduated within the last five years (Attachment "A")

High School Attended _____

Year of Graduation _____

POST SECONDARY EDUCATION INFORMATION

Please attach: A copy of your official post high school transcript, if applicable (Attachment "B")

College/university for which Opportunity Scholarship is requested:

Street

City County State Zip

Have you been accepted to the college/university of your choice? Yes No

If yes, please attach: A copy of your acceptance letter from the college/university (Attachment "C")

Are you eligible for in-state tuition? Yes No

Intended field of study: _____ Degree Sought: _____

Note: You must have applied to the program by the date of this application in order to be considered for this scholarship.

Will you attend Full-time? Part-time? If part-time, number of credit hours per term _____

Number of terms to expected date of completion for which funding is needed _____ Semesters _____ Quarters

If you are presently a college student, please give your GPA: _____ Expected graduation date: _____

Narrative Question (Attachment “A”)

This scholarship is awarded to persons who “have the potential to succeed despite adversity and have an exceptional desire to better themselves through further education.”

Please respond to the three statements below. Your statements should be 1-2 typewritten double spaced pages. The Advisory Committee will judge the content of your answers and not your writing or grammatical style. Please number your answers to match the statements. Please put your name in the upper right corner of each page.

1. Share the circumstances of your adversity: being as detailed as possible, outline the adversity that you are overcoming or have overcome.
2. Share the accomplishments you have achieved despite your adversity.
3. Outline your current/future educational goals and the ways (if any) in which your adversity has influenced these goals. Please provide evidence of your desire to better yourself through further education, and your potential to reach your carefully chosen goals.

CERTIFICATION AND SIGNATURES

I, (we) certify that I am a U.S. citizen. I have a permanent residence (for at least the past 12 months) in Philadelphia County, and that all information in this application is true and complete to the best of my knowledge. I also certify that I am not employed by GlaxoSmithKline or The Philadelphia Foundation (**employees and their families are not eligible**). **I understand that if I am selected for a scholarship, I will be required to attend an award ceremony.**

I, (we) certify that the information on this form is true and complete to the best of my (our) knowledge. If asked by any authorized official of The Philadelphia Foundation, I (we) agree to give the documentation for information given on this form. I (we) realize that failure to comply with a request for additional information may prevent the applicant from receiving any aid. I also grant The Philadelphia Foundation and GlaxoSmithKline permission to use my photograph and/or selected quotes on their website and in future publications.

Applicant signature Date

Parent signature (if the applicant is a minor) Date

Send completed application and attachments in **ONE** envelope to:

**The Philadelphia Foundation
GlaxoSmithKline Opportunity Scholarship
Attn: Sylvia T. Spivey
1234 Market Street, Suite 1800
Philadelphia, PA 19107**

APPLICATIONS MUST BE POSTMARKED BY March 14, 2011.

LATE APPLICATIONS WILL NOT BE CONSIDERED.

Contact: Sylvia T. Spivey, Development and Scholarship Associate
sspivey@philafound.org (215) 863-8121

**Opportunity Scholarship
2011**

Attachment B

**GlaxoSmithKline Opportunity Scholarship
Recommendation Form
2011**

**Recommendation form must be completed and mailed to The Philadelphia Foundation by the person who completed the form.
Please do not return this recommendation to the applicant.**

Completed recommendation forms must be postmarked by March 14, 2011 to be considered.

Completed by the Applicant: I hereby freely and voluntarily waive my right to access to any information contained on this recommendation form.

Applicant's Name: _____ **Date:** _____
Print

Applicant's Signature: _____
Note: Signature grants permission to send information

Completed by the Recommender: This scholarship will be awarded to “persons who have the potential to succeed despite adversity and who have an exceptional desire to better themselves through further education”. Please share your personal knowledge of the applicant’s experience with adversity. Your recommendation is a critical part of the scholarship decision and will be shared with the Advisory Committee. The information you provide will be kept confidential.

Please confine your remarks to the space provided on this page (plus one side of an additional page if necessary), and type or print neatly.

1. In what context and for how long have you known the applicant?

2. Please share what you know the applicant’s circumstances and adversity. Being as detailed as possible, outline the adversity that is being overcome or has been overcome.

3. Please share information about the applicant's accomplishments and future goals that would demonstrate the characteristics on which this scholarship is based.

4. Please share any other information you deem relevant.

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Telephone: _____

Recommendations must be postmarked by March 14, 2011. Please mail to:

**The Philadelphia Foundation
GlaxoSmithKline Opportunity Scholarship
Attn: Sylvia T. Spivey
1234 Market Street, Suite 1800
Philadelphia, PA 19107**

Contact: Sylvia T. Spivey, Development and Scholarship Associate
sspivey@philafound.org (215) 863-8121