



Tyrone Fashaw Athletic LEAF Scholarship Application

Application due date: March 22, 2023

1. DEADLINE for scholarship applications is Wednesday, by 5:00 PM
(NO EXCEPTIONS)
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, required documents, etc.) Incomplete applications will not be considered.
3. Type or print legibly. Illegible applications will not be considered.
4. If you have any questions about the application process, please call Dr. Senovia Robles at 732-801-8902 or send an email to drsenoviarobles@yahoo.com

PURPOSE

The Learning Empowerment Achievement Foundation (LEAF) Scholarships were established in 2014. The goal of the scholarship is to provide financial assistance to students enrolling in post-secondary institutions (community colleges, colleges, trade schools and universities). The LEAF Scholarships principally targets two or four year academic programs; however, certificate/licensing programs including but not limited to fields such as paralegal training, IT, ultrasound techs, medical records personnel and nursing are also eligible.

SCHOLARSHIP AWARDS

LEAF awards scholarships to upcoming first year post-secondary enrollees, based on a comprehensive process. Areas reviewed by the committee include but are not limited to the following: Academic Accomplishments, References, Personal Essay and Financial Need. LEAF pays scholarship funds directly to the recipient's enrolled school. The LEAF Scholarships are awarded without regard to race, color, ethnicity, gender or sexual orientation. Scholarships awarded are based upon the availability of funds.

Applicants may choose an academic area of pursuit from the following list:

Business / Entrepreneur, STEM, Education, Athletics,
Law / Public Service, Liberal Arts, Vocational Career

CRITERIA

- Applicants must be a current year graduating student or completing an Educational Program at any Perth Amboy, New Jersey high school or program. Including (Public High School, Academy of Urban Leadership Charter High School, Perth Amboy Magnet High School, Adult High School, HSE/ ESL/Adult Programs, etc.)
- Applicant must be a **student athlete, with a GPA of at least a 2.5**, within an Educational Program at any Perth Amboy, New Jersey high schools. (Academy of Urban Leadership Charter School, Perth Amboy Magnet High School, Perth Amboy High School)
- Applicants' must be accepted at an accredited post-secondary, as a student at a college, university, or trade school program for the upcoming academic semester. All scholarship funds awarded will go directly to the post-secondary school. At no time will the funds be given directly to the student.
- Applicants must be a student in good standing and involved within their community.
- Applicants must complete and submit a scholarship application by the deadline listed above.



TIMELINE

- Applications are due **March 22, 2023**
- Candidates may be requested to interview with the Scholarship Committee.
- Selected applicants will be notified by phone or mail on or before “
- Ceremonial checks will be presented “.
- Official check will be issued within one year with the receipt of the official billing statement.
- After one year, if a student has not entered a college/university/institution/Program, that student will forfeit his/her scholarship. A student must submit a written request in the event that an unusual circumstance occurs.

Application Process

- Completed application form.
- Two letters of recommendation / reference from a Guidance Counselor, Teacher, School Administrator, employer or other community member not related to the applicant.
- Proof of acceptance at an academic, vocational or technical school for post-secondary studies.
- Complete all **three** LEAF Scholarship Questions.
- Complete ad journal biography.

This section to be completed by Counselor or Administrator (✓Program)

___ High School Graduate – School: _____
___ Adult High School Graduate – School: _____
___ High School Equivalency (HSE) Graduate – School: _____
___ Other Adult Program (Certificate / Graduate) - School: _____

If Applicable:

ACT Score: _____ SAT Score: _____ ASVAB Score: _____ HSE Score: _____ Current GPA: _____

Please include a copy of your score sheets, on an official high school transcript is required.

Comments: _____

Counselor Name: _____

Phone: _____ **Email:** _____

Deadline for the application is Wednesday, , applications postmarked after this date will not be considered.



Please mail OR submit application in person to your respective counselor:

“LEAF Scholarship 2023”

LEAF

Attn: Dr. Senovia Robles

P.O. Box 766

Perth Amboy, NJ 08862

Application - Must be completely filled out by applicant. Don't leave any information incomplete.

Please type or print your answers below. If application is illegible it will be returned to you.			
1	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Last Name: _____</td> <td style="width: 50%; border: none;">First Name: _____</td> </tr> </table>	Last Name: _____	First Name: _____
Last Name: _____	First Name: _____		
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____		
3	Daytime Telephone Number: () _____ Email address: _____		
4	<table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"> Current School / Program: _____ Address: _____ Phone: _____ _____ School Administrator Name: _____ Email: _____ Phone: _____ Superintendent Name: _____ Email: _____ Phone: _____ </td> <td style="width: 20%; border: none; vertical-align: top; text-align: center;"> Number of years attended Program: </td> </tr> </table>	Current School / Program: _____ Address: _____ Phone: _____ _____ School Administrator Name: _____ Email: _____ Phone: _____ Superintendent Name: _____ Email: _____ Phone: _____	Number of years attended Program:
Current School / Program: _____ Address: _____ Phone: _____ _____ School Administrator Name: _____ Email: _____ Phone: _____ Superintendent Name: _____ Email: _____ Phone: _____	Number of years attended Program:		
5	I will be attending the following school _____, in the (ex. Fall of year, Winter of year, Spring of year): _____ Field: _____ Address : _____ Phone: _____ _____		



6	<p>If Applicable:</p> <p>Name & address of parent(s) or legal guardian(s):</p> <p>Name(s): _____</p> <p>_____</p> <p>Street: _____ City: _____ State: _____</p> <p>Zip: _____</p> <p>Home phone of parents or legal guardians: () _____ Email: _____</p>
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7	<p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="padding: 5px;">Two letters of recommendation / references from a (Guidance Counselor, Teacher, School Administrator, Employer or other Community Representative) not related to the applicant.</td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="padding: 5px;">Completed Application Form (questions 1-7)</td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="padding: 5px;">Attached completed Questions</td> </tr> </table>	YES	NO	Two letters of recommendation / references from a (Guidance Counselor, Teacher, School Administrator, Employer or other Community Representative) not related to the applicant.	YES	NO	Completed Application Form (questions 1-7)	YES	NO	Attached completed Questions
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YES	NO	Completed Application Form (questions 1-7)								
YES	NO	Attached completed Questions								

STATEMENT OF ACCURACY

I hereby affirm that all the information provided by me to the LEAF Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the "LEAF" Scholarship Program.

I hereby understand that if chosen as a scholarship winner, according to LEAFs scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

