

D.R.E.A.M.S for Youth Scholarship Program 2020



Determination. Realization. Enrichment. Academics. Mission. Service

Scholarship Criteria

It is the policy of United Way of Long Island and the DREAMS for Youth Advisory Board to consider all qualified candidates without regard to race, religion, national origin, gender, sexual orientation or disability. Each applicant is notified of the Board's determination. Funds are distributed directly to the vendor for the enrichment scholarship and to the selected college/university or vocational school for the academic award.

Applicant and parent/guardian signatures indicate that all information contained in the application is complete, factually correct and honestly presented. If any information is found to be false, this may result in the forfeiture of the scholarship award.

Awards are granted at the discretion of the Board and supervised by the United Way of Long Island. It is the responsibility of the scholarship award recipient to submit reports at the end of the activity for which the scholarship was received.

For academic scholarships, grade reports must be submitted at the end of the semester and continued funding for the one-year duration of the scholarship will be contingent upon the applicant receiving a grade of B or better and receipt of the grade report and tuition bill.

United Way of Long Island maintains the anonymity of the applicants and does not share personal information, including names, addresses or social security numbers with any outside parties, including the DREAMS for Youth Advisory Board. United Way of Long Island reserves the right to terminate scholarships at any time.

**All scholarships are for one year only.
Applicants are not eligible for repeat scholarships.**

Students competing for the DREAMS Scholarship must meet the following criteria:

Applicants must reside on Long Island and attend a Middle or High School in Nassau or Suffolk County.

For Academic Scholarships, applicants must be a graduating high school senior.

For Enrichment Scholarships, applicants must be enrolled in 7th to 12th grade.

Applicant must demonstrate financial need for academic and enrichment scholarships.

Academic Scholarships require a copy of the FAFSA Student Aid Report (SAR) **AND** a copy of the most recent tax return (first 2 pages only) for parents or guardians.

Enrichment Scholarships require a copy of the most recent tax return (first 2 pages only) for parents or guardians. These documents must be submitted along with the application.

Application Deadline:

5PM on Wednesday, April 28, 2021

All materials must be submitted together via email to trivers@unitedwayli.org

By 5PM on Wednesday April 28, 2021

Late applications will not be accepted

Applicants will be notified of their status in mid to late June. Payments will be processed upon receipt of the student's official tuition bill from their respective institution that includes the school name and address and the student's name and student ID number.

Application Cover Sheet
2020 DREAMS FOR YOUTH SCHOLARSHIP PROGRAM



Name: _____

Application Checklist:
(To be completed by all Applicants)

*Application only considered complete and valid when **all** items listed are submitted together:
Incomplete applications will not be considered*

Have you included?

1. This checklist page **Signed and Dated** _____
2. The Completed Application Page _____
3. Copy of FAFSA Student Aid report (SAR) *(for Academic Scholarships only)* _____
4. Copy of parent/guardian's most recent 1040 (first 2 pages only) *(for both Academic & Enrichment Scholarships)* _____
5. Information on other grants/scholarships for which student has applied for/received _____
6. For Enrichment Program Only – program brochure/flyer & pricing information _____
7. Copy of SAT and/or ACT Scores - For Academic Scholarships Only _____
8. Student's Resume _____ (if multiple pages be sure name is on each page)
9. Student's Essay/Personal Statement _____ (if multiple pages be sure name is on each page)
**Essay must specify the one D.R.E.A.M.S. acronym you are using * Use 250-500 words *Tell about yourself *What makes you stand out? *Why the financial assistance is needed? *Proof read for correct spelling, grammar and punctuation.*
10. *Student's School Transcript _____
11. *Two Letters of Recommendation _____

***Note to Guidance Counselors – Please provide transcript & recommendation letters to student to be emailed with all other materials - DO NOT SEND SEPARATELY**

Applicant and Parent/Guardian Disclosure

I, _____ attest that all of the information provided in this application is complete, factually correct and honestly presented. I understand that if any of the information is found to be false, this may result in disqualification or forfeiture of the scholarship award. I understand that it is my responsibility to submit appropriate bills to United Way of Long Island for payment that will be made directly to the appropriate academic institution or vendor.

I understand that my signature below attests to the above, and I agree to adhere to these terms.
If the applicant is under the age of 18 years old, an additional signature of a parent or guardian is required.

Applicant Signature and date

Parent or Guardian Signature and date

SEND APPLICATION VIA EMAIL – MUST BE RECEIVED BY 5PM on WEDNESDAY, APRIL 28, 2021:

Trivers@unitedwayli.org

Or by postal mail addressed to:

**United Way of Long Island
ATTN: Trish Rivers/DREAMS
819 Grand Boulevard
Deer Park, NY 11729**

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Scholarship Application: Applicant and Parent Data **(Please print clearly)**

Applicant's Name: _____ Date of Birth: ____/____/____
MM / DD / YYYY

Age: _____ Gender: *Male / Female*
Circle one

Mailing Address: _____
Street Address City State Zip Code

Student Home Phone: _____ Student Cell: _____

Student Email Address: _____

Current School: _____ Current Grade: _____

Guidance Counselor Name: _____ Email Address: _____

Type of Scholarship (Circle One) Academic **(For Graduating HS Seniors Only)** Enrichment **(College credit courses in HS not eligible)**

College/University **OR** Enrichment Program Name: _____
For Enrichment Programs please include program brochure/flyer and pricing information

Intended Major for Academic Scholarship Applications (graduating HS Seniors only): _____

College/Program Annual Tuition Cost: _____ Room/Board Cost (if applicable): _____

Parent(s) or Guardian Information:

First Name: _____ Last Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____ Email: _____

Employer: _____

First Name: _____ Last Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____ Email: _____

Employer: _____

Essay/Personal Statement: In a 250-500 word essay, write a personal statement that describes an event, achievement or experience that has had a strong influence on your life using **one** of the DREAMS acronyms: **Determination, Realization, Enrichment, Academics, Mission or Service**, as a focal point. Be sure to talk about yourself in the essay; what makes you stand out; why the financial assistance is needed. Be sure to have someone proof your essay for spelling and grammar.

Letters of Recommendation: Please provide two letters of recommendation: one from a teacher or school administrator and the other from a church, community leader or other who can attest to your involvement with community service activities at school, church or in the Long Island Community. Letters must be included with all other materials. Please do not have school mail them under separate cover.