



Dear Community Leader:

The Children's Defense Fund- New York Office invites you to participate in the **New York Beat the Odds® Scholarship Program** by nominating a student.

Founded by Marian Wright Edelman, the Children's Defense Fund (CDF) is a non-profit child advocacy organization that has worked relentlessly, since 1973, to ensure a level playing field for all children. We champion policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education, and a moral and spiritual foundation.

The *Beat the Odds* scholarship program honors high school students who are working hard to overcome tremendous obstacles in their personal lives, demonstrate academic achievement, and give back to their community.

Students must be nominated or seek nomination for the New York *Beat the Odds* scholarship program by/from a teacher, counselor, caseworker, or other adult who can speak to the following: his/her character, academic achievement, commitment to social justice issues/community, and the tremendous odds he/she beats every day.

For consideration in the New York *Beat the Odds* scholarship program, students must;

1. Be a current high school sophomore who resides in or attends school within the five New York City boroughs;
2. Have overcome significant obstacles such as, but not limited to, poverty, disability, homelessness or abuse;
3. Have achieved/maintained a grade point average showing improvement or success; there is no GPA requirement;
4. Following graduation, attend college/university;
5. Demonstrate commitment to your community and/or social justice issues; and
6. Attend mandatory workshops, meetings, interviews and award ceremony if selected.

Ten sophomores will be selected from the nomination pool, and will have the opportunity to apply for scholarships provided by the Children's Defense Fund-New York during their senior year.

New York *Beat the Odds* scholarship program participants will receive the following:

- One-on-one college counseling, career guidance, SAT preparation, opportunity to tour colleges, life skills & leadership development;
- Support services throughout their high school and college career; including ongoing mentoring, and career guidance;
- Opportunities to participate in CDF-NY policy and programs and CDF Freedom Schools; and
- Membership to an extensive BTO alumni network.

All nominees must agree to share their story on camera and through CDF's media campaigns. Videos of the CDF-NY *Beat the Odds* winners are located on our website at <http://www.cdfny.org/programs/beat-the-odds-components/bto-scholars.html>

Applications must be received by **Monday, June 5, 2017** in order to qualify (*mailing and application instructions are enclosed*). **LATE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

In case of questions regarding the application/nomination process, please contact BTO Program Coordinator Korla Collins at (212) 697-1683 or NY-BTO@childrensdefense.org.

Thank you for your potential interest in the New York *Beat the Odds* Scholarship Program.

Sincerely,

Korla C. Collins

Beat The Odds Program Coordinator

Children's Defense Fund-New York



Student Nomination Notification Letter

To the New York Beat the Odds[®] Scholarship Nominee:

Congratulations! You have been recognized as an outstanding high school junior who courageously overcomes tremendous odds every day. A teacher, counselor, caseworker, or other adult in your life has nominated you to apply for the **Children's Defense Fund Beat the Odds Scholarship Program**.

Founded by Marian Wright Edelman, the Children's Defense Fund (CDF) is a non-profit child advocacy organization that has worked relentlessly, since 1973, to ensure a level playing field for all children. We champion policies and programs that lift children out of poverty; protect them from abuse and neglect; and ensure their access to health care, quality education, and a moral and spiritual foundation. **The Beat the Odds Scholarship program honors young people for their personal hard work, academic potential, commitment to their community/involvement in social justice issues, and perseverance despite the tremendous obstacles they face in their daily lives.**

Students must be nominated or seek nomination for the New York Beat the Odds scholarship program by/from a teacher, counselor, caseworker, or other adult who can speak to the following: his/her character, academic achievement, commitment to social justice issues/community, and the tremendous odds he/she beats every day. **For consideration in the New York Beat the Odds scholarship program, students must:**

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2. Have overcome significant obstacles such as, but not limited to, poverty, disability, homelessness or abuse;
3. Have achieved/maintained a grade point average showing improvement or success; there is no GPA requirement;
4. Following graduation, attend college/university;
5. Demonstrate commitment to your community and/or social justice issues; and
6. Attend mandatory workshops, meetings, interviews and award ceremony if selected.

Ten sophomores will be selected from the nomination pool, and will have the opportunity to apply for scholarships provided by the Children's Defense Fund-New York during their senior year.

New York *Beat the Odds* scholarship program participants will receive the following:

- One-on-one college counseling, career guidance, SAT preparation, opportunity to tour colleges, life skills & leadership development;
- Support services throughout their high school and college career; including ongoing mentoring, and career guidance;
- Opportunities to participate in CDF-NY policy and programs; CDF Freedom Schools[®] program;; and
- Membership to an extensive BTO alumni network.

Please note:

- **All services are offered in New York and are subject to change. Participation in all program related services and activities is mandatory; not participating will jeopardize a recipient's ability to remain in the program and receive the scholarship.**
- **All nominees must agree to share their story on camera and through CDF's media campaigns.** Videos of the CDF-NY *Beat the Odds* winners are located on our website at <http://www.cdfny.org/programs/beat-the-odds-components/bto-scholars.html>
- Applications must be received by Monday June 5, 2017 in order to qualify (*mailing and application instructions are enclosed*). **LATE AND INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

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Sincerely,

Korla C. Collins

Beat The Odds Program Coordinator

Children's Defense Fund-New York

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1. Be a current high school sophomore who resides in, or attends school within the five New York City boroughs;
2. Has overcome significant obstacles such as, but not limited to, poverty, disability, homelessness or abuse;
3. Has achieved/maintained a grade point average showing improvement or success— there is no GPA requirement;
4. Attend college/university, following graduation;
5. Demonstrate commitment to your community and/or social justice issues;
6. Attend mandatory workshops, meetings, interviews and award ceremony (if selected);
7. Write a **personal statement**, of no more than 750 typed words that accomplishes the following:
 - a. Describes the **major obstacles and challenges** in your life and how you have overcome them;
 - b. Describes **your past and current family**, financial, educational and emotional support systems;
 - c. Describes how you have been able to achieve **academic success** or show marked improvement in academics, despite your hardships; and
 - d. Describes your **commitment to serving others**, for example; involvement in service clubs at school, community-based service or taking on major home or work responsibilities
8. Submit educator recommendation and nominator form from a teacher, guidance counselor, or other educator who is familiar with you both personally and academically. No shorter than one page typed, 12-point font, single-spaced.
9. Submit an optional letter of recommendation and nominator form from anyone (other than a family member) who knows you well. For example, a mentor, coach, internship supervisor or clergy member. No shorter than one page, typed, 12-point font, single-spaced.
10. Complete and submit the **Beat the Odds application**
11. Submit current official transcripts.

Note: the nominator completed the Nominator Form AND Letter of Recommendation.

Application Check List

Applicant/Nominee and Nominator should both review the Application Check List for completion of all requirements prior to submission of the application.

Applicant Check List

- Completed Application Form
- Personal Statement – No more than 750 typed words
- Signed Children's Defense Fund Media Release Form
- Student's Official High School Transcript

Nominator Check List

- Two (2) Nominator Forms (1 optional)
- Two (2) Letters of Recommendation (1 optional)
- Student's Official High School Transcript
- Confirm that Nominee Check List is complete

All completed applications MUST be uploaded to the website, mailed or emailed for consideration

Children's Defense Fund-New York Office

Attn: Beat the Odds Program

15 Maiden Lane, Suite 1200

New York, NY 10038

Phone: (212) 697-1683

Email: NY-BTO@childrensdefense.org

New York SCHOLARSHIP APPLICATION FORM

Student Submission Deadline Monday June 5, 2017

Full Name	Age	Gender	Race/Ethnicity
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Current Address (Include Apartment/Unit #)	City	County	State	Zip
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Permanent Address (If different from Current Address)	City	County	State	Zip
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Email Address	Home Phone	Cell Phone
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I am a US Citizen I am a US Legal Permanent Resident I do not wish to share my status at this time

Other, Please explain: _____

I live at home with both parents. I live in a single-parent household with my: _____

Other, Please explain: _____

Please describe your family's approximate annual income: _____

I will be a first-generation college student (This means that you will be the first in your family to obtain post-secondary education.)

Yes No

Yes No

Do you have any siblings? If "Yes", how many?	What are their ages?	Do they all live with you?
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School Name	Current Grade	Unweighted GPA <small>Calculated on a 4.0 scale</small>	Weighted GPA <small>Calculated on a 4.0 scale</small>
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School Address	School County	School Phone	School Fax
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Counselor Name	Counselor Email	Counselor Phone
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Nominator Name (If not counselor above)	Nominator Email	Nominator Phone
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Are you currently employed? Yes No If so, where? _____

Community Service:

List your most recent volunteer / community service activities:

List your personal interests and hobbies:

List your personal and academic goals:

Authorization for Applicant's Credential

In connection with the Children's Defense Fund and its evaluation of my suitability as a scholarship recipient, I hereby verify that all of the information included in this application is true and speaks to my eligibility of applying for this scholarship.

Applications will not be considered without complete information and signature below.

Student Signature

Date Signed

Parent/Guardian Signature (required if student is a minor)

Date Signed

Nominator Signature

Date Signed

Survey Questions (Optional)

Because our mission is to ensure that every child in New York has a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life, and successful passage to adulthood with the help of caring families and communities, please answer the following questions to help us gauge if some of the child focused policies and programs are supporting New York's children.

- Do you have health insurance? Yes No
- Have you seen a physician in the last year when you needed care (sickness, well-child visit, sports physical, etc.)? Yes No
- Have you seen a dentist in the last year? Yes No
- Do you have reliable access to food in the evenings and weekends? Yes No
- Do you have reliable access to food during the summer break? Yes No
- Explanations or Comments: _____

New York Beat the Odds[®] Scholarship Program *Educator* Recommendation Form

The Children's Defense Fund- New York *Beat the Odds* Scholarship Program honors, celebrates, and rewards outstanding high school students who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to attend college to continue their education.

Thank you for your willingness to provide a recommendation for a deserving high school student for the CDF *Beat the Odds* Scholarship. **Every applicant must submit one letter of recommendation with their application.** (*Applicants may not submit letters of recommendation written by relatives or peers*)

- ***Educator Recommendation*** - One recommendation **must** be from a teacher or counselor.
The educator recommendation should speak to the student's academic record, the challenges he or she faced, and observations regarding the student's ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.
- ***Community Member Recommendation (Optional)*** - The second recommendation **may** be from an educator, OR a mentor, school counselor, coach, clergy member, or employer.
The additional recommender should know the student well and be able to speak to the student's work ethic, challenges, experiences and motivation to succeed. This recommendation should address how the student faced obstacles and adversity in his or her life, achieved success, participated in volunteer and community service activities, and demonstrated leadership. Additional insight into how the student qualifies for the CDF *Beat the Odds* scholarship can be offered, as it assists the selection committee in evaluating the student's application.

Scholarship Applicant: (to be completed by the applicant)

Applicant's Name: _____
 School: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Recommender: (from this point forward, to be completed by the person providing the recommendation)

Name: _____
 Address: _____
 Day Phone: _____ Cell Phone: _____
 Email: _____
 Occupation: _____ Employer: _____
 Relationship to Applicant: _____
 Length of time you have known the applicant: _____

Please continue on the next page

Attributes	Compared to peers, this student rates (1) Fair, (2) Solid, (3) High Performing, or (4) Extraordinary.				
Evaluate the student by circling the appropriate number 1 to 4					
Academic Motivation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Academic Potential	1	2	3	4	<input type="checkbox"/> No basis for judgment
Creativity	1	2	3	4	<input type="checkbox"/> No basis for judgment
Self-Discipline	1	2	3	4	<input type="checkbox"/> No basis for judgment
Leadership	1	2	3	4	<input type="checkbox"/> No basis for judgment
Initiative	1	2	3	4	<input type="checkbox"/> No basis for judgment
Reaction to Setbacks	1	2	3	4	<input type="checkbox"/> No basis for judgment
Analytical Ability	1	2	3	4	<input type="checkbox"/> No basis for judgment
Oral Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Classroom Participation	1	2	3	4	<input type="checkbox"/> No basis for judgment
Communication	1	2	3	4	<input type="checkbox"/> No basis for judgment
Independence	1	2	3	4	<input type="checkbox"/> No basis for judgment
Problem Solving	1	2	3	4	<input type="checkbox"/> No basis for judgment
Overall Impression	1	2	3	4	<input type="checkbox"/> No basis for judgment

In a general and overall comparison with similar students (age, grade, academic track), you would rank this student within the ___ top 10% ___ top 25% ___ top 50% ___ lower 50% of *that group* of students. *Note: this is not a class ranking.*

Narrative Section

Please Use Additional Paper (1 - 2 pages in length, 12 pt font, 1-inch margins, single-spaced)

Please describe the student’s academic record, the challenges he or she has faced, and observations regarding the student’s ability to cope with and manage adversity. Please make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education. Please discuss demonstrated leadership skills or potential and any additional personal achievements the student has attained.

Please return both this form and your narrative to the student (you may do so sealed if you wish) for inclusion in his/her application packet. Please **do not** use staples or two-sided copies. The applicant must include letters of recommendation from you and another individual, and the two recommendations may not be submitted separately.

Signature: _____ **Date:** _____

New York Beat the Odds® Scholarship Program *Community Member* Recommendation Form

The Children’s Defense Fund- New York *Beat the Odds* Scholarship Program honors, celebrates, and rewards outstanding high school students who have overcome tremendous adversity to achieve academic excellence, demonstrate leadership in their community, and aspire to attend college to continue their education.

Thank you for your willingness to provide a recommendation for a deserving high school student for the CDF *Beat the Odds* Scholarship. **Every applicant must submit one letter of recommendation with their application.** (*Applicants may not submit letters of recommendation written by relatives or peers*)

- ***Educator Recommendation*** - One recommendation **must** be from a teacher.
The educator recommendation should speak to the student’s academic record, the challenges he or she faced, and observations regarding the student’s ability to cope with and manage adversity. Educators should make mention of situations where the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.
- ***Community Member Recommendation (Optional)*** - The second recommendation **may** be from an educator, OR a mentor, school counselor, coach, clergy member, or employer.
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Please continue on the next page

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Signature: _____ **Date:** _____

Media Release Form

I hereby authorize and irrevocably grant to the Children's Defense Fund and its affiliates, licensees, agents and assigns the unrestricted right to use and publish any part of the information I have given to the Children's Defense Fund and the right to record my name, voice, appearance, likeness, and comments on film, videotape, audiotape, still photographs, print and any other media now known or hereafter invented. I acknowledge that the Children's Defense Fund shall own all right, title and interest in and to this media. I further agree that the Children's Defense Fund may cause all or parts of this media to be used for any and all publications, exhibitions, public displays, editorials, advertising or other purposes.

I waive any inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness, narrative or comments might appear. I expressly release and agree to hold harmless the Children's Defense Fund and its agents, employees, licensees and assigns from and against any and all claims including, but not limited to, invasion of privacy that I might ever have in any way relating to my interview or its use.

Date: _____

Signature: _____

Print Name: _____

If a minor: _____
(Parent or Legal Guardian)

Print Name: _____
(Parent or Legal Guardian)

Address: _____

Phone: _____

Email: _____