



Children's Defense Fund **BEAT THE ODDS[®]**

2016-2017 Beat the Odds[®] Scholarship Application

CHILDREN'S DEFENSE FUND-MINNESOTA

Send all completed application materials by email, fax, or mail to:

Email: btomn@childrensdefense.org

Fax: 651-227-2553

Mail: 555 Park Street, Suite 410, St. Paul, MN 55103

For more information or assistance, contact CDF-MN at (651) 855-1181 or
btomn@childrensdefense.org

APPLICATION DEADLINE: 11:59 PM FRIDAY, OCTOBER 14, 2016



Beat the Odds® Qualifications and Application Check List

For consideration of Children's Defense Fund-MN *Beat the Odds* scholarship, you must:

1. Be a current high school senior who resides in or attends school in Minneapolis, St. Paul or a twin cities suburb.
2. Be on track to graduate by June 2017.
3. Demonstrate academic achievement and have post-secondary or training goals at a college, university or other institution of learning (**there is no GPA requirement**).
4. Be available for meetings including photo shoots and interviews from November 2016 through March 2017 (**Nominator will be responsible for helping coordinate transportation to required meetings**).
5. Have limited family and/or community support and/or limited income.
6. Demonstrate commitment to your community and/or social justice.
7. Complete and submit *Beat the Odds* application packet by Friday, October 14, 2016.
8. Write a personal statement, of no more than 750 typed words, that accomplishes the following:
 - Describes the major obstacles and challenges in your life and how you have overcome them;
 - Describes your past and current family, financial, educational and emotional support systems;
 - Describes how you have been able to achieve academic success or show marked improvement in academics despite your hardships;
 - Describes your commitment to serving others, for example, involvement in service clubs at school or community organizations or taking on major home and work responsibilities

Application Check List

Nominator and Nominee should both review the application check list for completion of all requirements prior to submission of the application.

Nominator Check List

- ✓ Select a student(s) that meets criteria.
- ✓ Write 1 page nomination letter on behalf of your nominee(s) that addresses the following:
 - Your reasons for nominating this student including a description of the obstacles this student has overcome;
 - The length of time you have known this student;
 - A description of how the student has demonstrated leadership skills
 - A description of any additional personal achievements the student has attained;
- ✓ Confirm that nominee application packet is complete.
- ✓ Commit to act as a liaison to help facilitate communication with your nominee(s).

Nominee Check List

- ✓ Completed nominee information form
- ✓ Student Essay – No more than 750 typed words
- ✓ Signed media release form

Please send all completed application materials by email, fax, or mail to:

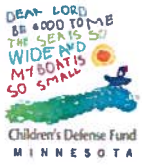
Email: btomn@childrensdefense.org

Fax: 651-227-2553

Mail: 555 Park Street, Suite 410, St. Paul, MN 55103

*For faxed and mailed submissions, please add ATTN: BTO Scholarship Program

**Completed applications must be received or postmarked no later than 11:59 PM
Friday, October 14, 2016**



Nominee Information Form

Please type or print clearly below and complete all sections. All completed nomination packets **MUST** be received no later than Friday, October 14, 2016.

STUDENT'S NAME		SEX	ETHNICITY	GRADE	BIRTHDATE
STUDENT'S ADDRESS		CITY		ZIP CODE	
STUDENT'S EMAIL ADDRESS			HOME PHONE #	CELL PHONE #	
YEARLY HOUSEHOLD INCOME	TOTAL # IN HOUSEHOLD	TOTAL ADULTS	TOTAL CHILDREN (including nominee)		
BRIEFLY LIST WHO YOU LIVE WITH					
NAME OF PARENT OR GUARDIAN			PARENT OR GUARDIAN PHONE #		
HIGH SCHOOL NAME AND ACADEMY (if applicable)			SCHOOL PHONE #		
HIGH SCHOOL STREET ADDRESS		CITY	ZIP CODE		
PRINCIPAL'S/DEAN'S NAME			PRINCIPAL'S/DEAN'S EMAIL		
NOMINATOR'S NAME			NOMINATOR EMAIL ADDRESS		
NOMINATOR'S PHONE #		NOMINATOR'S SIGNATURE		DATE	

2017 Beat the Odds® Nominee and Nominator Questions

When considering submitting an application for the 2017 *Beat the Odds* scholarship, please remember that the student selected will not only be eligible for a scholarship, but if selected will also be recognized at a large banquet and in the media – including a video-taped ceremony. The finalists selected must be available for an in-person interview in Minneapolis on November 1, 2016. The five honorees chosen must be available for a photo shoot, interviews, various meetings, including a one-on-one meeting with CDF-MN staff, and the *Beat the Odds* celebration in March 2017.

For some students, the public nature of this event is difficult and may not be appropriate. The vast majority of students who apply for this scholarship are very deserving of this award. Therefore, we select five students who represent various schools and backgrounds in addition to overcoming difficult circumstances.

Nominee Essay Questions (no more than 750 typed words)

1. Describes the major obstacles and challenges in your life and how you have overcome them;
2. Describes your past and current family, financial, educational and emotional support systems;
3. Describes how you have been able to achieve academic success or show marked improvement in academics despite your hardships;
4. 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.

Nominator Letter of Recommendation Questions

1. Your reasons for nominating this student including a description of the obstacles this student has overcome;
2. The length of time you have known this student;
3. A description of how the student has demonstrated leadership skills; and
4. A description of any additional personal achievements the student has attained.

Media Release

I hereby authorize and irrevocably grant to the Children's Defense Fund and its affiliates, licensees, agents, employees and assigns the unrestricted right to use and publish any part of the information I have provided to the Children's Defense Fund and the right to record my name, appearance, likeness, the sound of my voice and my comments on film, videotape, audiotape, still photographs, print and any other form of 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 of its publications, exhibitions, public displays, editorials, advertising or for other purposes. I agree that I have not been paid, have not received other consideration and have no monetary rights to the audio recordings, films, videos or photographs and that such media belongs to the Children's Defense Fund.

I waive any right of 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, discharge and agree to hold harmless the Children's Defense Fund and its agents, employees, licensees, affiliates and assigns from and against any and all claims including, but not limited to, invasion of privacy and misappropriation that I might have now or at any time in the future in any way relating to my interview or its use.

I understand this permission signifies that photographic, audio or video recordings of me may be electronically displayed via the Internet or in other public settings. There is no time limit on the validity of this release nor is there any geographic limitation on where the materials contemplated hereby may be distributed.

I acknowledge that I have completely read and fully understand the above release and agree to be bound hereby. This release shall be binding upon me and my heirs, legal representatives and assigns.

Date:

Signature:

Print name:

If a minor:

(Parent or Legal Guardian)

Address:

Phone Number:

Email:

