



**Mission Statement:**

The Dillon Wolford Scholarship is awarded by the Hoffen Foundation to high school seniors and college students who are currently battling or have survived life threatening illness or injury. Candidates will need to demonstrate their perseverance, self-advocacy and community involvement.

**Criteria, Applicant Must:**

1. Currently battling or survived life threatening illness or injury.
2. Attending an accredited school of higher education.
3. Enrolled for 6-18 hours per semester.
4. Have and maintain a satisfactory GPA (2.0-4.0)
5. Provide evidence of community or health care volunteer service.
6. Complete in full and submit the Scholarship Application prior to deadline.
7. Submit high school or college transcripts from schools previously attended.
8. One page essay about yourself explaining your family and medical background, personal interest, what you plan to study and why you want to further your education
9. Submit two letters of recommendation, one from a professional healthcare provider.

**SCHOLARSHIPS GUIDELINES**

The Hoffen Foundation will award a limited number of scholarships, based on the availability of institutional and private funds, to selected students. The scholarships may range from \$300-\$1,000 per academic year (Sept.-May) when awarded by semester.

**SELECTION RECIPIENTS**

Selections will be based on student's overall academic progress, extracurricular activities, leadership skills, and participation in community/ health care activities.

**NOTICE OF AWARDS**

Students will be notified by mail of any scholarship award or denial.

**RENEWAL OF SCHOLARSHIP**

Scholarship may be renewed on an academic year or semester basis, contingent upon satisfactory academic progress and availability of funds. Students must re-apply by the deadline for the next academic year (Sept-May), or semester for a continuation of the scholarship. Please attach a separate sheet describing how the scholarship benefited you and why it should be renewed.



### **REVOCATION OF AID**

The Hoffen Foundation reserves the right to cancel any scholarship or aid awarded at any time if the applicant fails to meet the standards of academic progress, any other scholarship requirements, or falsifies information reported.



## How do I apply for a scholarship?

### STEP 1

Go to our website [www.hoffenfoundation.org](http://www.hoffenfoundation.org) You can also download the form and complete it on your computer. The Scholarship Application has 5 Parts:

1. Consent Form
2. Scholarship Application Form
3. Your Essay
4. School Transcripts
5. TWO Letters of Recommendation forms, one from a Health Care Professional

### STEP 2

Complete the Application Form. Incomplete applications WILL NOT be considered.

### STEP 3

1. Consent form signed by you. If you are under 18, you must also have a parent sign the form as well. We will not consider any applications that are not accompanied by a signed consent form.
2. Completed scholarship application form questions.
3. A maximum 3 page (725 words) autobiographical essay on the experience of battling or have survived life threatening illness or injury..  
\*\*Please note that we are also asking you to email your essay to us (see Step 4).
4. Official high school or college transcript(s).
5. 2 letters of recommendation (from a medical professional).

### STEP 4

In addition to mailing your application materials, please also email your essay to [scholarships@hoffenfoundation.org](mailto:scholarships@hoffenfoundation.org). This will help facilitate reviewing your application. You can attach the essay as a document in your email, or you can put the essay text directly in the body of the email. Please include your name in the email (not just your email address).

### STEP 5

Make sure you've included your email on the application form so we can let you know when we've received your completed application.

All materials must be mailed and postmarked by September 1, 2011 to:

Scholarship Committee  
Hoffen Foundation  
PO BOX 121062  
Arlington, TX 76012



## **Hoffen Foundation Scholarship Consent Form**

Applicant Name: \_\_\_\_\_

### **CERTIFICATIONS AND AUTHORIZATIONS :**

#### **CERTIFICATION OF NON-RELATIONSHIP**

I certify that I am not related to any member of the Board of Directors, or officer of the Hoffen Foundation. I understand that, if I am disqualified for misrepresenting my relationship with any of the aforementioned or for any other reason, I will not be eligible to receive and may forfeit any scholarship award from the Hoffen Foundation.

#### **AUTHORIZATION TO USE INFORMATION, NAME, AND LIKENESS**

I understand that the Hoffen Foundation requires the right to use my name and likeness, as well as information from my scholarship application, personal statements, letters of recommendation and any document submitted by me to the Hoffen Foundation as part of its publicity about the Foundation and its programs. I hereby authorize the Foundation to so use my name and likeness, as well as information from my scholarship application, personal statements, letters of recommendation and any document submitted by me to the Foundation, in its sole discretion.

#### **CONSENT AND AUTHORIZATION TO OBTAIN INFORMATION**

I hereby acknowledge and represent to the Foundation that I have read the criteria, instructions, and conditions for the 2010 Scholarship Program and the related application materials. I hereby consent to and authorize the Foundation to request and obtain information relevant to my scholarship application from my educational institution and persons providing references. I waive my right to privacy of this information to the extent of this Consent and Authorization. I release and hold harmless the Foundation and its directors, officers and employees from any claims, damages, or liability whatsoever as a result of the disclosure to or use by the Foundation of any such information. I also acknowledge and agree that, if any information contained in my scholarship application is not true, complete, and accurate, or if material information has been omitted, I could be disqualified from receiving, and/or forfeit, any scholarship award from the Foundation. I further agree and acknowledge that all decisions by the Foundation to award scholarships are made in the sole discretion of the Foundation, and all decisions are final.

#### **CONSENT AND AUTHORIZATION TO CONTACT COLLEGE/UNIVERSITY**

I hereby consent to and authorize the Foundation to communicate with the financial aid office of the educational institution that I will be attending for all matters related to the administration of the scholarship award from the Foundation.



**REQUIRED SIGNATURES :**

All of the information I have provided in this application is accurate and complete and is subject to verification by The Hoffen Foundation at its sole discretion. By execution below, I (1) agree to promptly provide all documents requested by The Hoffen Foundation to verify the information I have provided in this application, and (2) acknowledge that I have carefully reviewed the certifications and authorizations above and certify, authorize and consent as stated above. I agree that failure to provide any requested documents may result in my ineligibility for a scholarship award or the revocation of my award.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Notification will be mailed in September 1, 2011 to the address provided. Awards will be sent directly to college financial aid offices after The Hoffen Foundation receives verification of admission and enrollment.*



# The Dillion Wolford / Hoffen Foundation 2011 Scholarship Application Form

Paste (not staple)  
picture here

## APPLICANT CONTACT INFORMATION

Name: \_\_\_\_\_

First

Middle

Last

Permanent Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: \_\_\_\_\_ US Citizen? Yes  No  If no, are you a legal resident? Yes  No

## EDUCATION

High School Name \_\_\_\_\_ Expected/Actual Grad. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Unweighted<sup>1</sup> High School GPA (on a 4.0 scale): \_\_\_\_\_

College Currently Attending (If applicable): \_\_\_\_\_ College GPA: \_\_\_\_\_

Class year you will be in school in Spring 2010 (check one): Freshman  Sophomore  Junior  Senior

<sup>1</sup> Calculated without extra credit for honors or advanced placement courses.



Education Institution you attend or plan to attend in 2011:

1) \_\_\_\_\_

First Choice-Name and Location

2) \_\_\_\_\_

Second Choice-Name and Location

Have you been accepted at your first choice? Yes  No  If no, when do you expect to be notified? \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you been accepted at your second choice? Yes  No  If no, when do you expect to be notified? \_\_\_\_/\_\_\_\_/\_\_\_\_

Intended major(s): \_\_\_\_\_ Intended minor(s) (if any): \_\_\_\_\_

Will you be attending school full-time? Yes  No  If no, please explain \_\_\_\_\_

Where do you plan to live next year? On-campus  Off-campus  With parent(s)  Other

Do you have a documented disability? Yes  No  If so, please describe:

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Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)? Yes  No



Applicant Name: \_\_\_\_\_

### AWARDS AND HONORS

List your top three awards and honors you have received and briefly explain their significance. Attach an additional sheet if necessary.

Award/Honors	Significance	Date Received

### SCHOOL INVOLVEMENT

Please list the top three school-related activities in which you have participated. Attach an additional sheet if necessary.

Activity	Honors and/or Positions Held	Dates of Involvement	Hours per Month

### COMMUNITY INVOLVEMENT

Please list the principal community activities in which you have been involved. Attach an additional sheet if necessary.

Activity	Honors and/or Positions Held	Dates of Involvement	Hours per Month

### EMPLOYMENT



Beginning with your present or most recent job, list your employment history.

Employer	Position	Dates of Employment	Hours per Week

To what use have you put your earnings?

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Applicant Name: \_\_\_\_\_

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Please describe any special circumstance that may affect your family's ability to pay for school (e.g., medical costs, divorce, unemployment, child support):

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