

The Dawning of a Miracle Scholarship Fund

Provided by

The Savannah Community Foundation, Inc.

For the Benefit of Students Graduating Chatham County, Georgia High Schools

The purpose of The Dawning of a Miracle Scholarship Fund (the "Fund") is to provide a scholarship to:

- 1). a female graduating high school senior who is the survivor of or a patient currently suffering from a serious chronic illness; **or**
- 2). a female graduating high school senior who has achieved in spite of adversity. Adversity may include: homelessness, death of a parent or guardian, house fire, eviction, suddenly faced with having to take care of siblings and/or parent(s), or abandonment.

The other eligibility criteria are as follows:

1. Applicants must be graduating Chatham County high school seniors.
2. Applicants must have a cumulative grade point average of at least 80 on a 100 point scale or 2.5 on a 4.0 scale.
3. Applicants must have demonstrated leadership abilities.
4. Applicants must have demonstrated financial need.
5. Applicants must be single with no dependent children.
6. Recipients may not be related to any Scholarship Committee member closer than second cousin by blood or marriage.
7. Scholarships must be awarded without regard to race, religion, age or national origin.

Scholarships will be awarded for tuition, room, board, books and other necessary educational expenses. Payment will be made to the college on behalf of the recipient in halves prior to the start of each semester. If the student withdraws and otherwise would be entitled to a tuition refund, the refund money must be returned to the Fund.

Selection of the recipient(s) shall be determined by The Dawning of a Miracle Scholarship Committee identified by reference to the Fund Agreement, applying the above criteria.

The Dawning of a Miracle Scholarship

~Awarded by Dawn Baker~



Amount: \$1,000.00

Application Deadline: March 25, 2022 at 12:00 NOON

*Late or incomplete applications will not be accepted.

The completed application and all supplemental materials must be submitted as ONE PDF document to: scholarships@savfoundation.org by the deadline above.

*Your PDF document should be named (if possible) as:
Dawning Scholarship – Your name*

Supplemental Materials (all are required)

- ☑ SAT or ACT Scores, if possible
- ☑ Statement of Financial Need*
- ☑ Most Recent High School Transcript
- ☑ Essay per instructions below
- ☑ Three Letters of Recommendation. See further instructions attached.
- ☑ Recent Photograph
- ☑ Submit a letter from your attending physician verifying your medical history and current medical situation. All medical information will be kept confidential and will be utilized only to support the qualification or consideration for the scholarship. This is a release of medical information as provided in the requirement of the federal medical privacy laws (known by the acronym, "HIPAA") for medical personnel to release and discuss your medical information to/with your designated agent(s).

*Special consideration will be given to students with financial need.

***** Finalists will be required to be interviewed by the Dawning of a Miracle Scholarship Selection Committee.**

**The Dawning of a Miracle Scholarship
Application Form - 2022**

(Please Type or Print in Blue Ink)

DATE: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Date of birth: _____ Home telephone: (____) ____-____ Cellular: (____) ____-____

Applicant's Email: _____

Parent/Guardian Name(s): _____

Parent/Guardian Email: _____

Educational Information

Name and Address of High School from which you will graduate:

GPA: _____

SAT Verbal: _____ SAT Math: _____ SAT Total _____ (If available)

Class Rank: _____

Graduation Date: _____
Month Date Year

Have you been accepted to a four-year college or university? Yes _____ No _____

Name of the college or university you plan to attend: _____

Planned Date of Entrance: _____

Extra-curricular Activities
Activity Roles and Responsibilities
(Attach additional pages as necessary.)

List in detail your community activities and public service in and out of high school:

List high school extra-curricular activities including any offices held:

List high school academic awards and/or honors earned: _____

List your interests and educational plans: _____

Have you received a notice of award of any college scholarship(s), grants or loans at this time?
If so, identify the source(s) and specify the amounts: _____

Describe Your Career Plans: _____

Student Biographical Information

Father's Name: _____

Home Address: _____

Mother's Name: _____

Home Address: _____

Parent's Occupation

Father: Job Title: _____

Place of Employment: _____

Mother: Job Title: _____

Place of Employment: _____

Guardian
Name: _____ Job Title: _____

Address: _____

Sisters and Brothers: (Names & Ages)

Will your family members assist you financially in continuing your education? Y_ N_ Some_

If so, how much additional assistance do you feel you will need to continue?

Parent(s) or Guardian(s) Salary Range

Please check the range of combined annual income of your family members who you expect will assist you

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$10,000 - 15,000 | <input type="checkbox"/> \$15,000 - 21,000 | <input type="checkbox"/> \$21,000 - 27,000 | <input type="checkbox"/> \$27,000 - 33,000 |
| <input type="checkbox"/> \$33,000 - 37,000 | <input type="checkbox"/> \$37,000 - 43,000 | <input type="checkbox"/> \$43,000 - 53,000 | <input type="checkbox"/> \$53,000 - 57,000 |
| <input type="checkbox"/> \$57,000 - 63,000 | <input type="checkbox"/> \$63,000 - 67,000 | <input type="checkbox"/> \$67,000 - 72,000 | <input type="checkbox"/> \$72,000+ |

The applicant certifies the above information to be true and correct.

Date of application Signature of applicant

Letters of Recommendation Instructions

Please provide three Letters of Recommendation from three teachers who have taught you. One of your letters may be from your guidance counselor. Give a copy of these instructions to each person who will write a Letter of Recommendation for you.

Each person writing a Letter of Recommendation for you must provide, at a minimum, the following information:

1. Name
2. Address
3. Telephone Number
4. Years known
5. Capacity in which the person knows you (i.e. teacher, counselor, volunteer coordinator)

Each letter must come from a person who can speak to your academic ability. A letter will be considered strong if it contains specific information about your strengths, skills and talents in academics and/or as a volunteer.

The letter may not come from a family member.

The letter must be on official letterhead.

The letter should be addressed to: The Dawning of a Miracle Scholarship Awards Committee and delivered to The Savannah Community Foundation with your complete scholarship application package.

Essay Instructions

Your essay **MUST** be your work product and typed or printed from a word processor (double-spaced)

On a separate sheet of paper write a 500 - 1200 word essay on the following topic:

“How My Experience with a Chronic/Life-threatening Illness Has Impacted My Life, Values and Career Goals”

Application and Supplemental Materials Checklist

(For School Guidance Counselor and Scholarship Applicant)

***Please use this checklist to be sure that you have included all required materials.**

Application and Supplemental Materials (all are required)

☐ Application Form

(Educational Information, Extra-curricular Activities, Student Biographical Information, Parent(s) Annual Income Range)

☐ SAT or ACT Scores

☐ Statement of Financial Need*

☐ Most Recent High School Transcript (Grades and Test Scores)

☐ Essay per instructions below

☐ Three Letters of Recommendation. See further instructions attached.

☐ Letter from your attending physician verifying your medial history and current medical situation

(All medical information will be kept confidential and will be utilized only to support the qualification or consideration for the scholarship. This is a release of medical information as provided in the requirement of the federal medical privacy laws (known by the acronym, "HIPAA") for medical personnel to release and discuss your medical information to/with your designated agent(s).)

☐ Recent Photograph

☐ Five (5) copies of your complete packet (Include Everything)

***** Finalists will be required to be interviewed by the Dawning of a Miracle Scholarship Selection Committee.**

I certify that all documentation is attached to the application and all five copies.

Signature _____

Applicant