OVERVIEW
Golden Oaks Scholarships are presented to deserving, college-bound high school seniors who currently reside in or attend a school in Oak Cliff. These students must enroll in a community college or four-year university in Dallas, Tarrant, Denton or Collin counties the semester following graduation. Applications are judged on criteria including but not limited to academic accomplishments, overall presentation, recommendation, and personal statements contained in the application relating to personal experiences, activities, and perceived financial need. The number of scholarships awarded depends on the funds that are available. To apply, review the instructions and fill out the application in the following sections of this document.

QUALIFICATIONS
Each applicant must:
1. Be a graduating senior currently residing in or attending a school in Oak Cliff.
2. Enroll in a community college or university in Dallas, Tarrant, Denton or Collin counties, in the fall semester following graduation.

CHECKLIST FOR SUBMISSION OF APPLICATION PACKET
Please Note: All items in checklist below must be submitted together to be considered. Incomplete applications or application packets will not be considered. Please consider having a school teacher, counselor or other administrator review your application packet before submitting.

1. Completed application form – Pages 2-4
2. Resume (please include items such as school attended, school/service activities, employment history and recognitions)
3. Answers to 2 Written Personal Statements – Please see Page 5 for Instructions
4. Official Grade Transcript (must be submitted with packet in a sealed envelope from school).
5. Letter of Recommendation (must be submitted with packet in a sealed envelope from a current teacher or counselor).
6. Certification Form Signature(s) – Page 6
   (to be signed by parent/guardian if under the age of 18)
7. Media Release Form Signature(s) – Page 7
   (to be signed by parent/guardian if under the age of 18)

SCHOLARSHIP AWARDS
There will be several scholarship awards in the amount of $1,000 each to be awarded as funds are available. Checks will be made payable to the college or university the applicant is attending in the fall semester following graduation. If the student fails to meet the qualifications above, the student will forfeit their award.

DEADLINE DATE: 3:00 P.M., Monday, January 25, 2019

Please Mail or Deliver Application to:
Oak Cliff Chamber of Commerce
Attn: Scholarship Committee
1001 N. Bishop Ave.
Dallas, TX 75208

(Scholarship winners will be contacted by Monday, March 4, 2019)
Application

STUDENT INFORMATION

First Name________________ Middle Initial_____ Last Name____________________

Home Address: ______________________________________________

Street or PO Box

City State Zip Code

Contact Telephone Number:________________________________________

Contact Email Address:____________________________________________

Age:______________________________  Sex:________________

PARENT/GUARDIAN CONTACT INFORMATION

Mother’s/Guardian Name:_________________________________________________

Contact Telephone Number:_______________________________________________

Contact Email Address:__________________________________________________

Father’s/Guardian Name: _________________________________________________

Contact Telephone Number:_______________________________________________

Contact Email Address:__________________________________________________
Application (cont’d)

*ACADEMIC INFORMATION *(REQUIRED)*

*High School Name: ________________________________________________________

*High School Address: _______________________________________________________

Street or PO Box

_____________________________________________  __________________________________________  __________________________________________

City State Zip Code

*High School Phone: __________________________________________________________

*Principal’s Name: ___________________________________________________________

*Principal’s Email Address: ____________________________________________________

*Counselor’s Name: __________________________________________________________

*Counselor’s Email Address: _________________________________________________
Application (cont’d)

*Please Note: Scholarship awards will only be made to students attending a college or university in Dallas, Tarrant, Denton or Collin Counties. Scholarship award checks will be made payable to a college/university in these geographical areas.

College/University Choice #1: ________________________________

__________________________________________________________
Street or PO Box

__________________________________________________________
City       State       Zip Code

Accepted? (Please Check One)   Yes_____   No_____

College/University Choice #2: ________________________________

__________________________________________________________
Street or PO Box

__________________________________________________________
City       State       Zip Code

Accepted? (Please Check One)   Yes_____   No_____
Personal Statements

(Please read instructions for each question carefully)

**Personal Statement #1:** Please submit typewritten answers to the following questions. Answers should be no more than two pages in length, using a format that is double-spaced and 12-point font:

Personal Statement #1: Tell us how your personal experiences and the activities you have participated in (such as community service, extra-curricular, co-curricular, volunteerism, leadership experiences, family experiences, and employment experience) have helped you develop personally. How have these personal experiences and activities equipped you to accomplish your future educational and career goals?

**Personal Statement #2:** Please submit typewritten answers to the following questions. Answers to this personal statement should be no more than one page in length using a format that is double spaced and 12-point font:

Personal Statement #2: Tell us about your family’s financial situation. How do you currently plan to pay for your education? Are there any special circumstances currently impacting your ability to pay for college? For example, do you live in a single-parent household? Do you have siblings? Does your family have significant medical expenses? Do you work part-time to help the family financial situation? Please share how the Golden Oaks Scholarship will make a difference in your academic future.
Certification Form

I, (Print Name)__________________________________________________________,

attending (Name of High School)__________________________________________,

hereby certify that all information contained in the Golden Oaks Scholarship Application, along with the information in my resume and transcript, are true and correct to the best of my belief and knowledge and are made in good faith.

Name of Scholarship Applicant:__________________________________________

Signature of Scholarship Applicant:_______________________________________

Date of Signature:______________________________________________________

To be signed if applicant is under 18 years of age:

Name of Scholarship Applicant’s Parent/Guardian:__________________________

Signature of Scholarship Applicant:_______________________________________

Date of Signature:_______________________________________________________
Media Release Form

Please Check One (1) Box and Sign Below

☐ YES, I hereby consent to the participation of written comments in the scholarship application, interviews, the use of quotes, and taking of photographs, movies or video tapes of the Golden Oaks Scholarship applicant named above by Oak Cliff Chamber staff and/or volunteers.

I also grant the Oak Cliff Chamber of Commerce the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media and social media formats.

I also hereby release the Oak Cliff Chamber, along with its agents and employees, from all claims, demands, and liabilities whatsoever in connection with the above.

☐ NO, I do not consent to the participation of written comments in the scholarship application, interviews, the use of quotes, and taking of photographs, movies or video tapes of the Golden Oaks Scholarship applicant named above by Oak Cliff Chamber staff and/or volunteers.

I do not grant the use to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media and social media formats.

I acknowledge by checking “NO” that this will not impact my ability to receive a Golden Oaks Scholarship.

I do, however, hereby release the Oak Cliff Chamber, along with its agents and employees, from all claims, demands, and liabilities whatsoever in connection with the above.

Name of Scholarship Applicant: ____________________________________________

Signature of Scholarship Applicant: ____________________________________________

Date of Signature: ____________________________________________________________________

To be signed if applicant is under 18 years of age:

Name of Scholarship Applicant's Parent/Guardian: ______________________________________

Signature of Scholarship Applicant: ____________________________________________

Date of Signature: ____________________________________________________________________