



Hearts **E**verywhere **R**eaching **O**ut for Children, Inc.

**BRIGHT HEROS EDUCATIONAL ENRICHMENT PROGRAM
SCHOLARSHIP APPLICATION**

RETURN THE COMPLETED APPLICATION PACKET TO:
HERO FOR CHILDREN, INC.
ATTN: BRIGHT HEROS PROGRAM
580 W. CROSSVILLE ROAD, SUITE 204
ROSWELL, GA 30075

Purpose

HERO for Children, Inc. is committed to improving the quality of life for children infected with and affected by HIV/AIDS through enriching programs, unforgettable experiences, and connections with the community. In addition, we feel it is important to aid in developing these children's talents and support their pursuit of higher education/training. Through the Bright HEROs Educational Enrichment Program, HERO is able to provide scholarships, stipends, and financial support to deserving HERO children on an equal opportunity basis regardless of race, sex, creed, or religious preference.

Deadline

At this time, applications will be reviewed on a first-come, first-served basis, and funds will be dispersed upon availability. It is encouraged that applicants submit their applications as early as possible.

Once complete application is received, the Bright HEROs funding panel will review application and notify applicant of award decision.

Funding is available in the following areas (*please indicate the funding support you are applying for; choose one*):

Higher Education and Professional Training Scholarship [up to \$2,000]

Scholarship awarded to HERO participants who are scheduled to enroll/enrolled in a postsecondary or vocational institution. Award criteria include, but are not limited to the following: Academic Accomplishment, References, Personal Essay and Financial Need. The program pays the scholarship directly to the recipient's post secondary or vocational school (i.e. college/university, cosmetology school, automotive school, nursing assistant program, technical school, etc.). Scholarships awarded are based upon the availability of funds and qualifying criteria.

Academic and Professional Development Support [up to \$1,000]

Funds will be awarded to acquire specialized training to enhance student's academic standing, testing scores, professional development, or artistic development (i.e. private tutor, SAT prep course, art classes, workshops, training course [less than 6 weeks], etc.). Award criteria include, but are not limited to the following: Academic Accomplishment, References, Personal Essay and Financial Need. The program will make payments directly to professional or academic enrichment institute. Support is awarded based upon the availability of funds and qualifying criteria.

Volunteer Employment Stipend [up to \$250]

Stipends will be paid to high school students for performing volunteer civic service (i.e., peer tutor, camp counselor, etc.). Award criteria include, but are not limited to the following: Academic Accomplishment, References (at least one must be from a supervisor), Personal Essay and Financial Need. Stipends are paid based upon the availability of funds and qualifying criteria.



Eligibility Criteria:

- Must have HIV/AIDS or: 1) have an immediate family member infected with HIV (mother, father, brother or sister), 2) have an immediate family member that has died from HIV/AIDS-related complications and/or 3) live with an extended family member (grandmother, grandfather, aunt, uncle or cousin) that has HIV/AIDS.
- Must be or have been enrolled in at least one HERO program.
- Must be full-time high school student or undergraduate student.
- Must be enrolled in a vocational training course or military organization (*for scholarship awards only*).
- Plans to attend a postsecondary institute, vocational training course, or trade school (*for scholarship awards only*).

APPLICATION PACKET CONTENT

Completed Application

It is encouraged and preferred that the application be typed.

Essay

Applicants are required to submit an essay (at least 500 words), double spaced, answering one of the following questions. It is encouraged that the essay be typed (attach additional pages, please.)

1. Describe how you have demonstrated leadership ability both in and out of school.
2. What contributions are you planning to make to the community, nation, and/or the world?
3. Pick an experience from your own life and explain how it has influenced your development.
4. Who in your life has been your biggest influence and why?

Official Academic Transcript

Applicant must submit an official academic transcript from their most recent high school or college.

References

Applicant must have two (2) character reference letters mailed directly to the HERO office from the people providing references. References should be from pastors, educators, mentors, civic leaders, employers, or other members of the community who know you well enough to speak on your behalf. *Family members are not acceptable references.* For stipend funding, one reference must be from a supervisor. Please be aware that HERO reserves the right to contact references for additional information.



- Refer to application instructions above for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.). Incomplete applications will not be considered.
- Type or print legibly. Illegible applications will be returned to you.
- You will be notified by phone or mail regarding the status of your application.

APPLICANT'S INFORMATION				
First Name		Middle Name		Last Name
Home Address			City	County Zip
Telephone Number			Email Address	
Gender		Ethnicity		
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander/Indian Sub-Continent <input type="checkbox"/> Mutli-racial <input type="checkbox"/> Other _____		
Program Eligibility				
<input type="checkbox"/> Infected with HIV/AIDS. <input type="checkbox"/> Have an immediate family member infected with HIV/AIDS (mother, father, brother or sister). <input type="checkbox"/> Have an immediate family member that has died from HIV/AIDS-related complications. <input type="checkbox"/> Live with an extended family member (grandmother, grandfather, aunt, uncle or cousin) who has HIV/AIDS. Please indicate relationship of person infected (or deceased) to applicant, _____				
What HERO Program(s) have you participated in? When? (Please check all programs that apply)				
<input type="checkbox"/> Super HEROs Program/ Yr(s) _____		<input type="checkbox"/> Rising HEROs/ Yr(s) _____		
<input type="checkbox"/> Camp High Five/ Yr(s) _____		<input type="checkbox"/> Bright HEROs Program/ Yr(s) _____		
<input type="checkbox"/> HERO for a Day/ Yr(s) _____		<input type="checkbox"/> Other _____		

PARENT/GUARDIAN INFORMATION				
First Name		Middle Name		Last Name
Home Address			City	County Zip Code
Telephone Number			Email Address	

EDUCATION INFORMATION				
High School Attending		Grade Level		Anticipated Graduation Date
Grade Point Average (GPA) <i>(Attach proof of GPA- [your most recent official school transcript])</i>				
Have you taken the ACT or SAT?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	ACT Score: _____
College or University you will be attending <i>(Please provide proof of enrollment if applying for scholarship)</i>		SAT Score: _____		
				Accepted to school indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No



<i>For current college students only</i>			
College Attending	College Entry Date	Anticipated Graduation Date	
College Major	College Standing (i.e. Freshman, Sophomore, etc.)	Current GPA	

COMMUNITY SERVICE				
<i>(List your community service activities during the past two years)</i>				
Organization	Specific Nature of Service	From Mo/Yr	To Mo/Yr	Avg. Hrs/Week

VOLUNTEER EMPLOYMENT STIPEND INFORMATION				
<i>(Complete only if applying for Volunteer Employment Stipend)</i>				
Organization Name				
Address	City	State	Zip Code	
Supervisor's Name	Telephone Number	Email Address		
Length and Dates of Volunteer Employment		Hours per week expected to work		

ACADEMIC AND PROFESSIONAL DEVELOPMENT SUPPORT				
<i>(Complete only if applying for Academic and Professional Development Support)</i>				
Organization/Professional's Name			Service Type	
Address	City	State	Zip Code	
Contact Person	Title	Telephone Number		
Proposed Length of Service		Hours per week	Estimated rate/fee	

STATEMENT OF UNDERSTANDING	
The facts set forth in my application are true to the best of my knowledge. I understand that any false or misleading statement on this application will result in disqualification for Bright HEROs Educational Enrichment funds. <i>I understand that if awarded, grant funds will be paid directly to the institution, unless otherwise indicated.</i>	
Signature of Applicant:	Date: