

**THE ORISKA FOUNDATION**  
**Academic Merit and Need Based Scholarships Application**  
**For Academic Year [INSERT HERE]**

About ORISKA FOUNDATION Scholarship: ORISKA FOUNDATION Scholarship is the result of an initiative created to support education for students who attend colleges and universities throughout the United States of America. Scholarships are awarded to those students who have shown academic merit by achieving grade point averages of 3.0 and above during the year prior to their application AND who can show financial need. To be successful, an applicant must meet both criteria.

Applicants should carefully complete all financial data forms included in the application thoroughly and accurately. Applications for college tuition/fees must be received by no later than [REDACTED]. Applicants can expect responses within 45 days after the submission deadline. Applicants **should not** contact ORISKA FOUNDATION before that time.

All contact with ORISKA FOUNDATION should be made as follows (In writing):

ORISKA FOUNDATION Scholarship  
**Grants Division**  
**PO BOX 672265**  
**HOUSTON TX, 77267**

(Please type or print clearly)

Name _____	Social Security Number _____
Local Address _____	Permanent Address _____
City/State/Zip _____	City/State/Zip _____
Local Telephone _____	Permanent Telephone _____
Major: _____	Expected Graduation Date: _____

For the academic year [insert here], I will be (circle one): Undergraduate  
Graduate Student

If graduate student, list the number of credit hours you plan to take:

Fall                      Winter

I am applying for: \_\_\_ Fall & Winter Semesters \_\_\_ Fall Semester only \_\_\_ Winter semester only

**IF YOU ARE AN UNDERGRADUATE STUDENT, DO NOT APPLY IF YOU FALL UNDER ONE OF THE FOLLOWING CATEGORIES:**

1. You have received 8 semesters of scholarships from ORISKA FOUNDATION Scholarship (including Summer Semesters)
2. You will have over 160 total hours after Winter Semester 2004

## **APPLICATION PROCEDURE**

1. Fill out the Scholarship application form, indicating the scholarship(s) for which you are applying. **ALL AWARDS ARE BASED ON ACADEMIC MERIT**

**I would like to apply for the following College awards:**

- \_\_\_\_\_ Standardized Testing Preview Course
- \_\_\_\_\_ SAT
- \_\_\_\_\_ LSAT
- \_\_\_\_\_ MCAT
- \_\_\_\_\_ GRE
- \_\_\_\_\_ Undergraduate Tuition and Fees
- \_\_\_\_\_ Graduate Tuition and Fees

2. You need to include a copy of your transcript.
3. Request two recommendations (using recommendation form - attached), that may be from an employer (past or present) or from a professor or other academic person. Letters of recommendation may not be considered from any person affiliated with ORISKA FOUNDATION Scholarship.
4. Attach a resume which includes the following: (limit 1 page)
  - (1) Honors received/Scholarships received
  - (2) Leadership experience
  - (3) Work experience
  - (4) Extracurricular activities
  - (5) Service
5. Address each of these following items in the space provided.

## PERSONAL INFORMATION

Please address the following:

A. Professional objectives/life goals:

B. Activities you have been involved in which require application of the principles you have been learning in your coursework (e.g. employment, research, volunteer work). Include what you have learned from these experiences.

C. How has your education been financed thus far? What is your current financial need?

D. List any extenuating circumstances you feel should be considered in evaluation of your academic record:

### E. Previous Education:

College/University	Dates Attended	Degree and Date	Major

Awards/Honors: \_\_\_\_\_  
\_\_\_\_\_

Interests/Extracurricular Activities: \_\_\_\_\_  
\_\_\_\_\_

F. Essay: On a separate sheet, write a brief (250-word) essay in which you outline the purpose of continuing your education. Elaborate on your financial need as it relates to your educational

goals and your life and community and describe why you believe you should be granted a scholarship.

## SCHOLARSHIP RECOMMENDATION FORM

Please send or Fax to: The Scholarship Committee,  
**ORISKA FOUNDATION**  
PO BOX 672265  
HOUSTON TX, 77267  
281-591-1002

To the applicant: Please complete the following:

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are also permitted to waive their rights to access the recommendations. The following signed statement indicates my intent regarding this recommendation: I waive \_\_\_ I do not waive \_\_\_ my right to see this form or any supplementary notes or letters pertaining to this form.

Signed \_\_\_\_\_  
Date \_\_\_\_\_

### To the recommender:

This applicant has chosen you as a reference in support of a scholarship application to ORISKA FOUNDATION Scholarship. Please complete this form ONLY (accompanying letters will not be accepted) and return it BY \_\_\_\_\_ to the address shown above.

- 1) Name/Title: \_\_\_\_\_  
Company/Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_
- 2) Relationship to Applicant: \_\_\_\_\_ Work Supervisor  
\_\_\_\_\_ Teacher [What course(s)]  
\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_
- 3) How long have you known the applicant?

**Please rate the applicant on the qualities that you feel you can judge on the grid below.**

5 - outstanding  
 4 - more than satisfactory  
 3 - satisfactory

2 - needs improvement  
 1 - unsatisfactory  
 NA - not applicable or no basis for judgment

	5	4	3	2	1	NA
Academic Ability and Potential						
Written Communications						
Verbal Communications						
Perseverance in Pursuing Goals						
Self-Reliance and Independence						
Laboratory Skills and Techniques						
Analytical/Problem Solving						
Leadership Capability						
Interpersonal Skills						
Honor Code Compliance: Integrity, Christian Behavior						

Additional Comments (please add to or explain ratings):

Recommender's Signature: \_\_\_\_\_ -

Date: \_\_\_\_\_

### APPLICANT'S FINANCIAL PROFILE

Major field of study

\_\_\_\_\_

Extra-curricular activities (school, community, church, work)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What will be the total annual financial requirement at the school/program of choice?

1<sup>st</sup> semester - \$ \_\_\_\_\_

2<sup>nd</sup> semester - \$ \_\_\_\_\_

Money available to student to meet needs:

Student's Savings \$ \_\_\_\_\_

Student's Earnings from employment \$ \_\_\_\_\_

Work / Study at college \$ \_\_\_\_\_

Scholarships and grants (list name and amount):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Amount to be contributed by family members/friends \$ \_\_\_\_\_

If you are the beneficiary of an educational trust, how much will that contribute? \$ \_\_\_\_\_

Other sources

1 _____	\$ _____
2 _____	\$ _____
Total	\$ _____

**Will you be willing to borrow to further your education?**

\_\_\_\_\_

**For what scholarships did you apply?**

Source 1 _____	Amount\$ _____	Granted\$ _____
Source 2 _____	Amount\$ _____	Granted\$ _____
Source 3 _____	Amount\$ _____	Granted\$ _____

Will obtaining additional financial aid be a prerequisite to continuing your education? Explain.

Name and phone number of 2 individuals (one associated with the school and one not associated with school) who would be willing to speak to the committee regarding your character and qualifications.

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_  
Telephone 1: \_\_\_\_\_ Telephone 2: \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

All applications submitted become the property of ORISKA FOUNDATION Scholarship, and shall be kept confidential.

Mail to:

ORISKA FOUNDATION Scholarship  
**ORISKA Office of President CEO**  
PO BOX 672265  
HOUSTON TX, 77267