



**INWOOD HOUSE**

We Help Teens Take Charge of Their Lives

## **INWOOD HOUSE SCHOLARSHIP FUND CHECKLIST**

Please make certain your application is complete and you have included copies of the following materials:

- Transcripts from most recent school attended
- Copy of test scores (SAT, ACT, GRE, etc.)
- Acceptance letter from the school you will attend
- Copy of fully completed FAFSA (Free Application for Federal Student Aid) form for 2006-2007 or copy of SAR (Student Aid Report)
- Two letters of recommendation
- Applicant information release form
- Essay
- Resume

**THANK YOU FOR APPLYING  
AND GOOD LUCK!**



## **INWOOD HOUSE**

We Help Teens Take Charge of Their Lives

### **APPLICATION DEADLINE**

Applications must be postmarked no later than April 24<sup>th</sup>, 2006. Due to the volume of applications, we anticipate receiving the Inwood House Shallcross Family Scholarship Fund will not be able to respond to any questions regarding the status of your application. Only finalists will be notified by mail and/or phone. Finalists should be prepared to be interviewed if the committee deems that necessary.

### **ELIGIBILITY REQUIREMENTS & CRITERIA**

- Applicants must be a high school graduate or possess a GED and plan to attend school full time in the fall of 2006.
- Applicants must have participated meaningfully in an Inwood House program
- Applicants must not be Inwood House employees
- Applicants will be judged on the strength of their participation in Inwood House, grades, need, essay and letters of recommendations.

### **INSTRUCTIONS**

***Any application that does not follow the below instructions will not be processed.***

- Include all high school or college, graduate or vocational school transcripts.
- Include a copy of test results (SAT, ACT, GRE, etc.) with the application.
- Include the Applicant's resume, listing any academic accomplishments, community and extracurricular activities and work experience.
- Include two letters of recommendation from a teacher, an employer, a mentor or a significant adult in the Applicant's life *other* than a relative.
- Include the acceptance letter from the school the Applicant plans on attending.
- If the Applicant applied for Federal Financial Aid, include a copy of the fully completed FAFSA form for 2005-2006 school year or the Student Aid Report (SAR).
- Provide a 500 word essay with double spaced typed pages on "How This Scholarship Will Help Me to Achieve My Goals."

### **AWARD NOTIFICATION**

All Applicants will be notified of their award status in late spring or early summer.

### **POSTMARK DEADLINE**

All material must be mailed in one package that is postmarked on or before April 24<sup>th</sup>, 2006. Application materials should be sent to:

#### **INWOOD HOUSE HOWARD SHALLCROSS FAMILY SCHOLARSHIP FUND**

**Inwood House  
320 East 82<sup>nd</sup> Street  
New York, NY 10028**



# INWOOD HOUSE

We Help Teens Take Charge of Their Lives

## **INWOOD HOUSE HOWARD SHALLCROSS FAMILY SCHOLARSHIP FUND APPLICATION 2006**

The Scholarship Fund is open to high school seniors, full-time college students, students enrolled in an accredited vocational training program and on a limited basis for students pursuing a graduate degree program. Only Inwood House program participants or graduates are eligible to apply. Scholarships will range from \$500 to \$3,000 depending on unmet financial need.

Please read the eligibility requirements and instructions prior to completing this form.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### **INWOOD HOUSE PROGRAM/S IN WHICH YOU HAVE PARTICIPATED AND DATES:**

Teen Choice \_\_\_\_ to \_\_\_\_ Boys to Men \_\_\_\_ to \_\_\_\_ Fathers Count \_\_\_\_ to \_\_\_\_

Maternity Residence \_\_\_\_ to \_\_\_\_ Mother & Baby Foster Boarding Home \_\_\_\_ to \_\_\_\_

Family Support Program \_\_\_\_ to \_\_\_\_ Teen Family Services \_\_\_\_ to \_\_\_\_

Other (please specify) \_\_\_\_\_, \_\_\_\_ to \_\_\_\_

### **Please describe your participation:**

---

---

---

---

---

---

---



---

## INWOOD HOUSE

We Help Teens Take Charge of Their Lives

**NAME OF HIGH SCHOOL / GED CENTER:** \_\_\_\_\_

**NAME OF COLLEGE / GRADUATE SCHOOL:** \_\_\_\_\_

**DATE(S) OF ATTENDANCE** \_\_\_\_\_

(Attending or planning to attend in September, 2006)

**COLLEGE/ SCHOOL ADVISOR/ FINANCIAL AID OFFICER:**

NAME: \_\_\_\_\_ TEL. \_\_\_\_\_

---

**PLEASE FILL IN ALL TEST SCORES THAT APPLY TO YOU.**

UNDERGRADUATE SCHOOL ADMISSION TESTS

ACT COMPOSITE SCORE: \_\_\_\_\_ DATE: \_\_\_\_\_

SAT SCORES: VERBAL: \_\_\_\_\_ MATH: \_\_\_\_\_ TOTAL: \_\_\_\_\_ DATE: \_\_\_\_\_

GRADUATE SCHOOL ADMISSION TESTS

LSAT \_\_\_\_\_ MCAT \_\_\_\_\_ GRE \_\_\_\_\_

---

**FINANCIAL AID INFORMATION**

INDICATE DOLLAR AMOUNTS YOU EXPECT TO RECEIVE IN:

WORK STUDY: \$ \_\_\_\_\_

PELL GRANT: \$ \_\_\_\_\_

SCHOLARSHIPS: \$ \_\_\_\_\_

LOANS: \$ \_\_\_\_\_

OTHER SOURCES OF FUNDING: \$ \_\_\_\_\_





## INWOOD HOUSE

We Help Teens Take Charge of Their Lives

### **INWOOD HOUSE HOWARD SHALLCROSS FAMILY SCHOLARSHIP FUND APPLICATION 2006**

#### **INFORMATION RELEASE FORM**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

School (Fall 2006): \_\_\_\_\_ Year in School (2006): \_\_\_\_\_

I, \_\_\_\_\_, authorize the financial aid office of  
\_\_\_\_\_ (*name of school*) to release information  
concerning other financial resources I may be receiving to the Inwood House Shallcross Scholarship  
Fund (Shallcross Fund). I authorize the Inwood House Shallcross Scholarship Fund (including the  
selection committee) to review my high school, college and/or graduate school grade transcripts.

I give Inwood House permission to use my name, any photograph and any writings provided to the  
Shallcross Fund, to be used in any publication materials, reports, press releases or activities  
associated with Inwood House. I understand that all financial information is and shall remain  
confidential.

I certify that all information supplied in this application is true and correct to the best of my ability. I  
understand that all information is subject to verification and that falsification of information will  
result in termination of any scholarship award.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)