

**APPLICATION PACKET CHECKLIST**  
**Children's Defense Fund – D.C. Area**  
**Beat the Odds<sup>®</sup> Scholarship**

Incomplete applications *will not* be considered. All application materials must be received together. Therefore, before you submit your application packet, please make sure it is complete. Application packets may be submitted via email or regular mail.

A completed application packet includes:

\_\_\_ **An Application**

\_\_\_ **Student statement:** typed, 12-point font, single-spaced. No longer than two pages, no shorter than one page. Your statement must demonstrate that you:

\_\_\_ are enrolled in a public, or charter school in Washington, DC; Alexandria, Arlington or Fairfax County public school system or Montgomery or Prince George's county public school system in Maryland and will graduate by July **2011**;

\_\_\_ have maintained a grade point average of 3.0 or above; showing marked effort, improvement or success;

\_\_\_ have succeeded in spite of hardships such as poverty, disability, homelessness or personal tragedy; and

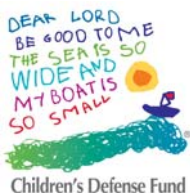
\_\_\_ have participated in activities helpful to others such as volunteerism or other forms of community involvement.

\_\_\_ **Educator recommendation:** from a teacher, guidance counselor or other educator who is familiar with you both personally and academically. No shorter than one page, typed, 12-point font, single-spaced.

\_\_\_ **Additional letter of recommendation:** from anyone (*other than a family member*) who knows you well – for example, a mentor, coach, internship supervisor, clergy member or friend. No shorter than one page, typed, 12-point font, single-spaced.

\_\_\_ **Copy of high school transcript:** The most **recent and complete** for *each* high school attended.

This checklist is provided to assist you.  
You do not need to return this sheet with your application.



**APPLICATION**  
**Children's Defense Fund**  
**Beat the Odds<sup>®</sup> Scholarship**

**Please submit your complete application packet to:**  
**The Children's Defense Fund**  
**Attn: Beat the Odds<sup>®</sup> Selection Committee**  
**Children's Defense Fund**  
**25 E Street NW**  
**Washington, DC 20001**  
**or via email at [BTO@childrensdefense.org](mailto:BTO@childrensdefense.org)**

**THE APPLICATION DEADLINE IS June 11, 2010**

TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ONLY.

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Student's Name

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Age

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Overall G.P.A.

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Ethnicity (optional)

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Email

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Street Address (include apartment number)

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City

---

State

---

Zip Code

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Home phone #

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Second phone # (cell, work, etc.)

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Number of Persons in Family

---

Estimated Annual Family Income

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High School/Organization

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Name & Title of Contact Person at  
High School/Organization

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Email and Phone # of Contact Person

