

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

**Please mail your complete application packet to:**

**The Children's Defense Fund**  
**25 E Street, NW**  
**Washington, D.C. 20001**  
Attn: Beat the Odds<sup>®</sup> Selection Committee

***THE APPLICATION DEADLINE IS JUNE 5, 2009***

TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ONLY.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Overall G.P.A.

\_\_\_\_\_  
Ethnicity (optional)

\_\_\_\_\_  
Email

\_\_\_\_\_  
Street Address (include apartment number)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home phone #

\_\_\_\_\_  
Second phone # (cell, work, etc.)

\_\_\_\_\_  
Number of Persons in Family

\_\_\_\_\_  
Estimated Annual Family Income

\_\_\_\_\_  
High School/Organization

\_\_\_\_\_  
Name & Title of Contact Person at  
High School/Organization

\_\_\_\_\_  
Phone # of Contact Person



