

# Greg K. Monroe Foundation, Inc.

## Scholarship Application

### **APPLICATION GUIDELINES:**

Completed application form with all required documentation must reach Ms. Norma Monroe, Board Chairperson at the address designated no later than **April 30<sup>th</sup>** of each year.

All applications received after the deadline will be returned.

The scholarships are awarded for one (1) year.

All applications will be acknowledged.

Successful applications will be announced at a public celebration honoring the applicants and scholarship recipient(s). All applicants are encouraged to attend.

Unsuccessful applicants will receive written notification.

### **ELIGIBILITY:**

The application for scholarship must be completed in its entirety and shall include all required documents including:

- An official transcript (sealed envelope from current high school)
  - Name of college or university with a copy of the letter of admission
  - Two (2) completed recommender forms. The recommendation will be received from one of the following in each group:
    - ♦Current teacher, school administrator or coach
    - ♦Community, civic and church leader
- (See instructions in the packet regarding recommendations)*
- A 200 – 300 word essay that describes the goals and ambitions of the applicant and why they feel they are deserving of this scholarship.

### **PLEASE SUBMIT ALL MATERIALS TO:**

Greg K. Monroe Foundation  
c/o Norma D. Monroe  
P. O. Box 2221  
Harvey, LA 70059  
(248) 961-4563

# Greg K. Monroe Foundation, Inc. Scholarship Application

## PERSONAL INFORMATION

STUDENT'S NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_  
Last First Middle

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT HIGH SCHOOL: \_\_\_\_\_

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND: \_\_\_\_\_

SCHOLARSHIPS/AWARDS/ HONORS RECEIVED: \_\_\_\_\_  
\_\_\_\_\_

INTENDED MAJOR: \_\_\_\_\_

SPORTS: \_\_\_\_\_

EXTRA CURRICULAR ACTIVITIES: \_\_\_\_\_

**Written Personal Statement Instructions:**

Prepare and submit a personal statement of 200- 300 words describing the following: (1) leadership role in school or athletic team; (2) community and volunteer service; (3) your career path; and (4) your vision(s) and dream(s) for your life, your community and your family.

**Certification By Student:**

I certify that the information on this application is true and complete to the best of my knowledge. I understand the information will be considered confidential for review.

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Student's Signature

Date

**Certification By Parent:**

I have reviewed the application form submitted by my child and I am aware of the deadlines, required documentation and the commitment of the applicant to attend the celebration to honor all applicants' achievements and to name the scholarship recipient.

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Parent's Signature

Date

**STUDENT CHECK LIST**

**To be mailed:**

- Completed Application
- Personal Statement
- Official Transcript (in sealed envelope from school)
- Recommendation Information Form

**To be completed:**

- Sent recommendation packet to two (2) people in the required categories
- Confirm both recommendations are mailed in advance of April 30<sup>th</sup>



Greg K. Monroe Foundation, Inc.  
P.O. Box 2221  
Harvey, LA 70059

## SCHOLARSHIP APPLICANT PERSONAL EVALUATION FORM

PLEASE READ CAREFULLY AND SUBMIT ALL REQUIRED DOCUMENTS NO LATER THAN APRIL 30<sup>TH</sup>

To the student:

You should complete the Recommendation Information Form as the student applicant once you determine who you would like to be your recommenders. You are required to have two (2) recommendations. One recommendation must be from a school administrator, current teacher or coach. The other recommendation may be from a community, civic or church leader.

We have included one (1) Recommendation Information Form as well as two (2) Recommendation Questionnaires. Form #1 should be given to the school administrator, current teacher or coach. Form #2 should be given to a community, civic or church leader. Both must mail the completed form and questionnaire directly to the committee at the address provided. You will not receive a copy of these forms. The committee will not accept any recommendation forms from the student.

Please make sure you give the recommender ample time to complete the form and mail it to the committee by April 30<sup>th</sup>. You should follow-up with both to confirm they have completed and mailed the forms in advance of the due date. Your application package is considered incomplete without the two recommendations.

Thank you,

Greg K. Monroe Scholarship Committee

# RECOMMENDATION INFORMATION FORM

Student: Please complete in blue or black ink, return with your application information and make a copy for your record.

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

Recommendation Form #1 will be completed by:

\_\_\_\_ School Administrator \_\_\_\_ Current Teacher \_\_\_\_ Coach (Check One)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Date you submitted the questionnaire to this person: \_\_\_\_\_

Recommendation Form #2 will be completed by:

\_\_\_\_ Community Leader \_\_\_\_ Civic Leader \_\_\_\_ Church Leader (Check One)

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Date you submitted the questionnaire to this person: \_\_\_\_\_

# IMPORTANT

## PLEASE READ CAREFULLY

Students: This section of the packet is for you to give to the two (2) people who are providing a recommendation for you.

Recommendation Questionnaire (Form #1) is pages 1-3 and should be given to a school administrator, teacher or coach

Recommendation Questionnaire (Form #2) is pages 4-6 and should be given to a community, civic and church leader

Both questionnaires will not be given back to you. These forms must be mailed directly to the Scholarship Committee at the address provided on the questionnaire.

We will not accept any questionnaires from the student. If your recommendation form is rejected, then your application will be considered incomplete.



Greg K. Monroe Foundation, Inc.  
P.O. Box 2221  
Harvey, LA 70059

**Recommendation Form #1**

Dear School Administrator, Teacher or Coach:

The student who provided you this questionnaire is applying for the Greg K. Monroe Scholarship for the college they will be attending in the fall. The Greg K. Monroe Foundation, Inc. is a nonprofit organization that serves the greater New Orleans metropolitan area. Our mission is to support 'at promise' youth and their families by providing enrichment programs, mentoring, scholarships, sports training and cultural activities.

Annually, we seek students who exemplify the character, academic excellence and leadership that Greg exhibited as a high school student. Our scholarship committee needs your help in evaluating this student's application. This process should take less than 10 minutes of your time. Upon completion, please mail to us at Greg K. Monroe Foundation, Inc., P. O. Box 2221, Harvey, LA 70059. Please note the deadline to receive this recommendation is April 30<sup>th</sup>. Thank you for participating in this process.

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

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_

**RECOMMENDATION QUESTIONNAIRE**

How long have you known the applicant?

\_\_\_\_ 6 months to 2 years    \_\_\_\_ 3 – 5 years    \_\_\_\_ More than 5 years

In what capacity do you know the applicant?

\_\_\_\_ Academically    \_\_\_\_ Church    \_\_\_\_ Sports    \_\_\_\_ Community

--PAGE 1--For Committee Use Only: Page Score \_\_\_\_\_

Please identify the strengths and weaknesses of the applicant by indicating whether you agree or disagree with the statement (check the response that applies):

The applicant is a leader.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

Other students view this applicant as a leader.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant exhibits strong academic abilities.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant has a clear vision of his/her academic goals.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant is respectful to and respected by school administration, faculty and staff.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant is respectful to and respected by his/her classmates and peers.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant is respectful to and respected by his/her neighbors and community.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant understands the value of community service and demonstrates his/her appreciation by his/her actions.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant prioritizes and values academic excellence over extra-curricular activities.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant exemplifies the character and vision of the student-athlete exhibited by Greg K. Monroe.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge



The applicant has received other scholarships, grants, awards, and/or loans for their upcoming college year:

Yes  No  No Knowledge

If YES, please list if you have information: \_\_\_\_\_

\_\_\_\_\_

Please check all words below that best describe the character, ethics, and morals of the applicant:

- |                                    |  |                                     |  |
|------------------------------------|--|-------------------------------------|--|
| <input type="checkbox"/> Arrogant  | <input type="checkbox"/> Ambitious     | <input type="checkbox"/> Athletic   | <input type="checkbox"/> Bully         |
| <input type="checkbox"/> Born-lead | <input type="checkbox"/> Brilliant     | <input type="checkbox"/> Caring     | <input type="checkbox"/> Compassionate |
| <input type="checkbox"/> Faithful  | <input type="checkbox"/> Forgiving     | <input type="checkbox"/> Giving     | <input type="checkbox"/> High Morals   |
| <input type="checkbox"/> Honest    | <input type="checkbox"/> Lazy          | <input type="checkbox"/> Personable | <input type="checkbox"/> Rebellious    |
| <input type="checkbox"/> Selfish   | <input type="checkbox"/> Self-centered | <input type="checkbox"/> Selfless   | <input type="checkbox"/> Team player   |

Other key words to describe the applicant: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Please share your personal thoughts about the applicant with the committee in the space below or an attached sheet if needed: \_\_\_\_\_

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

By signing below, I am certifying that I personally completed the questionnaire for student applicant \_\_\_\_\_. My answers are a truthful and honest assessment of the character, abilities and achievements of the applicant.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**PLEASE RETURN THIS RECOMMENDATION QUESTIONNAIRE DIRECTLY TO THE SCHOLARSHIP COMMITTEE BY MAIL TO: Greg K. Monroe Foundation  
P. O. Box 2221  
Harvey, LA 70059**

**IMPORTANT NOTE:** This recommendation must be postmarked by April 30<sup>th</sup> in order for the student to have a complete submission.

If you have any questions, please direct them to the foundation via email at [info@gregkmonroefoundation.org](mailto:info@gregkmonroefoundation.org) or call (248) 961-4563.



Greg K. Monroe Foundation, Inc.  
P.O. Box 2221  
Harvey, LA 70059

**Recommendation Form #2**

Dear Community, Civic or Community Leader:

The student who provided you this questionnaire is applying for the Greg K. Monroe Scholarship for the college they will be attending in the fall. The Greg K. Monroe Foundation, Inc. is a nonprofit organization that serves the greater New Orleans metropolitan area. Our mission is to support 'at promise' youth and their families by providing enrichment programs, mentoring, scholarships, sports training and cultural activities.

Annually, we seek students who exemplify the character, academic excellence and leadership that Greg exhibited as a high school student. Our scholarship committee needs your help in evaluating this student's application. This process should take less than 10 minutes of your time. Upon completion, please mail to us at Greg K. Monroe Foundation, Inc., P. O. Box 2221, Harvey, LA 70059. Please note the deadline to receive this recommendation is April 30<sup>th</sup>. Thank you for participating in this process.

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

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Title: \_\_\_\_\_

**RECOMMENDATION QUESTIONNAIRE**

How long have you known the applicant?

\_\_\_ 6 months to 2 years    \_\_\_ 3 – 5 years    \_\_\_ More than 5 years

In what capacity do you know the applicant?

\_\_\_ Academically    \_\_\_ Church    \_\_\_ Sports    \_\_\_ Community

Please identify the strengths and weaknesses of the applicant by indicating whether you agree or disagree with the statement (check the response that applies):

The applicant is a leader.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

Other students view this applicant as a leader.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant exhibits strong academic abilities.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant has a clear vision of his/her academic goals.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant is respectful to and respected by school administration, faculty and staff.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant is respectful to and respected by his/her classmates and peers.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant is respectful to and respected by his/her neighbors and community.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant understands the value of community service and demonstrates his/her appreciation by his/her actions.

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The applicant prioritizes and values academic excellence over extra-curricular activities.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant exemplifies the character and vision of the student-athlete exhibited by Greg K. Monroe.

\_\_\_\_\_ Strongly Agree    \_\_\_\_\_ Agree    \_\_\_\_\_ Disagree    \_\_\_\_\_ No Knowledge

The applicant has received other scholarships, grants, awards, and/or loans for their upcoming college year:

Yes  No  No Knowledge

If YES, please list if you have information: \_\_\_\_\_

Please check all words below that best describe the character, ethics, and morals of the applicant:

<input type="checkbox"/> Arrogant	<input type="checkbox"/> Ambitious	<input type="checkbox"/> Athletic	<input type="checkbox"/> Bully
<input type="checkbox"/> Born-lead	<input type="checkbox"/> Brilliant	<input type="checkbox"/> Caring	<input type="checkbox"/> Compassionate
<input type="checkbox"/> Faithful	<input type="checkbox"/> Forgiving	<input type="checkbox"/> Giving	<input type="checkbox"/> High Morals
<input type="checkbox"/> Honest	<input type="checkbox"/> Lazy	<input type="checkbox"/> Personable	<input type="checkbox"/> Rebellious
<input type="checkbox"/> Selfish	<input type="checkbox"/> Self-centered	<input type="checkbox"/> Selfless	<input type="checkbox"/> Team player

Other key words to describe the applicant: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Please share your personal thoughts about the applicant with the committee in the space below or an attached sheet if needed: \_\_\_\_\_

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

By signing below, I am certifying that I personally completed the questionnaire for student applicant \_\_\_\_\_. My answers are a truthful and honest assessment of the character, abilities and achievements of the applicant.

\_\_\_\_\_  
Signature Date

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