



**WEW 2020 SCHOLARSHIP PROGRAM  
GRADUATING HIGH SCHOOL SENIOR APPLICATION**

When Everyone Wins, Inc.  
PO Box 466588  
Lawrenceville, GA 30044  
404-490-3129  
[www.wheneveryonewins.org](http://www.wheneveryonewins.org)

## WEW 2020 SCHOLARSHIP PROGRAM

### GRADUATING HIGH SCHOOL SENIOR APPLICATION

When Everyone Wins, Inc. (WEW) is seeking applicants for its 2020 scholarship program. WEW seeks to award **two one-time** scholarships in the amount of \$500 to commendable Gwinnett County, GA, high school graduating seniors.

#### Availability:

**Applicants should be Gwinnett County, GA high school students in good academic standing. The scholarship is to be dispersed during fall academic semester immediately following high school graduation and upon matriculation into an accredited\* college, university, or trade/technical school.**

#### Qualifications:

- *Must be from one of the following ethnicity group(s):  
Black or African American and or/ Hispanic American*
- *Pursuing a collegiate degree from an accredited college, university or trade/technical school*
- *Must Be a Gwinnett County, GA Resident*
- *Must be a USA Citizen*
- *Minimum GPA – 2.5*

#### Requirements for Consideration:

- *A current photo*
- *An official transcript (sealed)*
- *Two letters of recommendation attesting to the student's character and potential for academic success in college or respective trade. One letter has to be from the applicant's teacher, adult mentor or counselor. The other from a civic or community leader (e.g. Pastor, youth leader, coach, instructor, volunteer coordinator etc.). Not to exceed one- and one-half page typed. (Please view Reference Forms below)*
- *A 500 -1000 word maximum typed essay, double spaced (approximately two pages) outlining the applicant's educational and/or vocational aspirations.*

Please complete the attached application, sign and submit it **via mail** to:

**When Everyone Wins, Inc.  
ATTN: Scholarship Committee  
PO Box 466588  
Lawrenceville, GA 30042**

**PLEASE PRINT OR TYPE ALL REQUESTED INFORMATION**

**LAST NAME:** \_\_\_\_\_ **FIRST** \_\_\_\_\_

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

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **E – MAIL ADDRESS:** \_\_\_\_\_

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

**ARE YOU A CITIZEN:** YES or NO

**NAME OF HIGH SCHOOL:** \_\_\_\_\_

**ADDRESS OF HIGH SCHOOL:** \_\_\_\_\_

\_\_\_\_\_

**NAME AND CONTACT OF H.S. COUNSELOR:** \_\_\_\_\_

**SCHOOL(S) YOU PLAN TO ATTEND:** \_\_\_\_\_

\_\_\_\_\_

**PLANNED ACADEMIC MAJOR OR VOCATIONAL CONCENTRATION:** \_\_\_\_\_

\_\_\_\_\_

**BRIEFLY LIST AND DESCRIBE YOUR PARTICIPATION IN ANY OR ALL  
ACTIVITIES RELATED TO CHURCH, COMMUNITY OR EXTRACURRICULAR  
INVOLVEMENT AT SCHOOL:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT(S)/LEGAL GUARDIAN NAME:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT(S)/LEGAL GUARDIAN TELEPHONE NUMBER:** \_\_\_\_\_

I certify to the best of my knowledge, the information contained in this application is truthful and complete. I understand that any failure to provide truthful and accurate information will revoke any award I may receive.

Student Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

**REFERENCE FORM**

**GRADUATING HIGH SCHOOL SENIOR SCHOLARSHIP  
TO BE COMPLETED BY SCHOOL FACULTY/COMMUNITY MEMBER**

**DUE DATE TO WHEN EVERYONE WINS, INC. OFFICE BY APPLICANT – MARCH 31, 2020**

The purpose of this scholarship is to acknowledge the achievements of high school seniors for academic achievement and volunteer service in the school and community and to provide an incentive for students to continue their education.

**Name of Student:** \_\_\_\_\_

This student has applied to the When Everyone Wins, Inc. 2020 High School Scholarship. Please include this reference form and a separate letter of recommendation, which MUST be written specifically for this graduating high school senior scholarship application. Copies of recommendation letters for college are not acceptable. Attach the letter of recommendation, written on an additional sheet. Information provided will be considered confidential. Please limit letter to one page.

In what capacity do you know the student: \_\_\_\_\_

Provide a description of each activity and the student’s involvement. Give your evaluation of the abilities, attitudes and potential of the student and comments regarding student’s volunteer service, activities, achievements and personal qualifications.

Name of Faculty/Community member completing form \_\_\_\_\_

Faculty/Community position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT.**

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Mailing Address \_\_\_\_\_

Telephone ( \_\_\_ ) \_\_\_\_\_ Email \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH LETTER OF RECOMMENDATION DIRECTLY TO APPLICANT.**

Please submit all materials in one envelope, no later than Friday, **March 31, 2020** (i.e. the postmark date will be used to validate that the applicant met the deadline). Incomplete and late applications will not be considered.

Selection of scholarship recipients will be based on a cumulative evaluation of overall GPA, scholastic achievements, community involvement, extracurricular activities, and their face to face interview. If you should have any questions or concerns please feel free to email us at [wewinc.org@gmail.com](mailto:wewinc.org@gmail.com), allow 48 hours for a response and no phone calls please.

**RETURN APPLICATION PACKET IN THE FOLLOWING ORDER:**

- Completed application form
- Copy of current Transcript (sealed)
- Copy of current Photo
- Two (2) letters of recommendation (Include reference forms)
- The 500-1000 word maximum typed essay, double spaced (approximately two pages) outlining the applicant's educational and/or vocational aspirations.

**DO NOT STAPLE**