



**BEAT THE ODDS®**  
HOUSTON SCHOLARSHIP

## APPLICATION FORM

**Submission Deadline: Second Friday in December**

### Submission Instructions

- Before you start completing this application, save a copy to your hard drive and work from that saved version.
- When you are ready to submit, click the “SUBMIT” button at the end of the form and a dialogue box should appear.
- You will be asked whether to send the form through your “Default email application” or “Use Webmail” (Yahoo, Gmail, Hotmail, etc.) Select one and continue.
- If the form fails to send automatically, manually open your email program and attach your completed form to an email addressed to: [texasbto@childrensdefense.org](mailto:texasbto@childrensdefense.org).
- **In the Subject line, clearly note your full name. [Subject: FIRST LAST - BTO APPLICATION]**

### Helpful Tips and Reminders

- Start early and pay close attention to deadlines. Applications submitted past the deadline will not be considered.
- Your application is not complete without 2 recommendation forms and a transcript. **Be sure to give your recommenders enough time to complete their forms on your behalf.** Professional courtesy is ~~at least 2~~ <sup>at least 2</sup> weeks.
- Applications must be submitted electronically. Handwritten or scanned applications will not be considered.
- Proofread and review all answers and essays. Spelling errors or poor writing skills may negatively affect your chances of receiving the scholarship.
- Applicants should work with a counselor or adult mentor whom they trust, who is both willing and able to shepherd the student throughout the application, selection and award process. **We strongly recommend that you print your work prior to submitting and review your essay with a counselor/mentor for appropriateness and to ensure that all relevant details are included and that the application is complete and meets all eligibility criteria.**
- Answer all questions honestly and to the best of your ability. If you cannot answer a question, explain why. If a question does not apply to you, leave it blank.
- It is good practice to save a copy of all documents or application forms you submit. You may wish to keep a printed copy for your records.

### Inquiries

- Contact: Children's Defense Fund-Texas
- Phone: 713.664.4080
- Email: [texasbto@childrensdefense.org](mailto:texasbto@childrensdefense.org)

**Applicant Contact Information**

Applicant's Name \_\_\_\_\_  
First name Middle name Last name  
Current Address \_\_\_\_\_  
Street number and name (include apartment #) City State Zip code  
Permanent Address \_\_\_\_\_  
Street number and name (include apartment #) City State Zip code  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Cell

**Primary Parent/Guardian Contact Information**

Parent's/ Guardian's Name \_\_\_\_\_  
First name Last name Relationship to Applicant \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street number and name (include apartment #) City State Zip code  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Home Cell

**High School Counselor Contact Information**

Counselor's Name \_\_\_\_\_  
Ms/Mr/Dr First name Last name  
Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
Work Cell  
School Name \_\_\_\_\_ School District \_\_\_\_\_

**Applicant Personal Information**

Gender  Male  Female Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
Which of the following categories best describe your race? Check one or more boxes.  
 White  African American or Black  Hispanic or Latino  Asian  American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander  Other (please describe): \_\_\_\_\_  
Are you a citizen of the United States? Check only one box.  
 Yes, I am a citizen of the United States.  No, but I am a legal permanent resident.  
 No, I am not a citizen or permanent resident. Please describe your current status: \_\_\_\_\_

**Living Arrangements and Household Information**

Please list all members of your household (**who live with you**), excluding yourself. They may be your parent(s), grandparent(s), sibling(s), relative(s), or other people who currently live with you.

	Relationship to applicant	Age	Is he/she a dependent child?	Is he/she attending school?
1.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any siblings who **do not** currently live with you.

	Age	Is he/she a dependent child?		Age	Is he/she a dependent child?		Age	Is he/she a dependent child?
1.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Household Financial Information

Which of the following categories best reflect the range of your annual household income? Check only one box.

- Less than \$20,001     \$20,001 - \$30,000     \$30,001 - \$40,000     \$40,001 - \$50,000     \$50,001 - \$60,000  
 \$60,001 - \$70,000     \$70,001 - \$80,000     \$80,001 - \$90,000     \$90,001 - \$100,000     More than \$100,000

How do you intend to finance your college education? Check as many as apply.

- Parent(s) or relatives     Student Loans     Scholarships, fellowships, or grants  
 Job, work-study, or internship     Other (please explain): \_\_\_\_\_

### Academic Performance and Extracurricular Activities

*\*\*Each response must be typed and is limited to the spaces provided. Please elaborate to fill all available space.*

Cumulative GPA \_\_\_\_\_ Current Class Rank \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_  
4.0 scale X out of Y

Please **LIST** volunteer service activities in which you have participated or are currently participating. Include the name of the organization (if applicable), a brief description of the activity, the date(s), and the total number of hours volunteered.

Please **LIST** leadership roles that you have held (inside or outside of school) or any other activity in which you have demonstrated leadership. Include a brief description of the role/activity, the date(s), and accomplishments/honors earned.

Please **LIST** your work and/or internship experiences. Include the name of the employer, the position, a brief description of your responsibilities, the date ranges, and the average number of hours worked each week.

Please **LIST** honors, awards, and/or scholarships you have received. Include the name of the honor/award, a brief description of the honor/award, and the date(s) when received.

**Short Essays**

*\*\*Each response must be typed and is limited to the spaces provided. Please elaborate to fill all available space.*

**Please describe the most significant adversities or challenge(s) you have faced in life.** How have you overcome these adversities/ challenge(s)? How have these challenge(s) shaped your character? How have you grown as a result?

**Please reflect on the lesson(s) you have learned from your volunteer service or leadership experience.** What are some important lessons you have learned?

**Please describe your academic and career goals.** How do these goals align with your personal values? You may wish to include your intended course of study/major and why you have chosen this path.

Is there **any other information** you would like us to know that may be helpful in considering your scholarship application?

**Optional Questions** (Your answers in this section will not be included in your scholarship review.)

How did you hear about the CDF *Beat the Odds* scholarship? Check as many as apply.

- Children's Defense Fund website       Parent, relative, or friend       School counselor, teacher, or administrator  
 Agency/Organization (please specify): \_\_\_\_\_  
 Other (please explain): \_\_\_\_\_

Would you like to stay connected? Sign up for our emails to hear about youth leadership development opportunities, internships, as well as other ways to get involved with CDF.

- Yes, please add me to your email list. (Don't worry, your information stays private.)

**Authorization for Applicant's Credential**

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form. Falsification of any information may result in termination and forfeiture of any scholarship granted.

\_\_\_\_\_  
Applicant Signature (type your full name)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**We strongly recommend that you review your application with a Counselor or Mentor for appropriateness and to ensure that all relevant details are included. If you have not yet done so, take this opportunity to Save, Print, and Share a copy of your completed form with your reviewer before you click "SUBMIT".**

**THIS APPLICATION MUST BE SUBMITTED ELECTRONICALLY**