

SCHOLARSHIP APPLICATION

AWARDED BY *AGAINST ALL ODDS*, A WASHINGTON NON-PROFIT CORPORATION



AGAINST ALL ODDS SCHOLARSHIP APPLICATION

Against All Odds will award (3) **\$500.00** scholarshipS to graduating high school seniorS who meets all of the qualifications set forth herein.

Those qualifications are as follows:

1. The graduating senior must have a proof of acceptance letter from a College, Junior College, Technical Institute, or Trade School
2. The graduating senior must have a GPA of 3.0 or above
3. Must be a resident of Okanogan County
4. Must be attending Pateros, Bridgeport, Brewster, TWISP/METHOW, NESPELEM, Okanogan, Omak, Tonasket, or Oroville School District

This scholarship award will be based on character, personal initiative, leadership, community involvement, and most importantly, individuals who have been faced with significant challenges in their life; someone who has had to persevere through hardships and overcome adversity in order to achieve their goals.

This application must be mailed back to Chad Demmitt, P.O. Box 3353 Omak, WA 98841 no later than 05/15/24.

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Please include the following supporting documentation with this application:

- (3) Letters of Recommendation, preferably from a coach, teacher, counselor, or friend (no relatives).
- Official school transcript or equivalent
- Letter from applicant stating the reasons for applying and why they are deserving of the award.

AGAINST ALL ODDS SCHOLARSHIP APPLICATION

DATE: _____

NAME:

MAILING ADDRESS:

PHYSICAL ADDRESS:

DATE OF BIRTH:

SCHOOL DISTRICT:

APPLICANT'S SIGNATURE:

AGAINST ALL OODS SCHOLARSHIP APPLICATION

QUESTIONNAIRE:

1. HOW WILL YOU FINANCE YOUR FUTURE EDUCATION?

2. WHAT WILL BE YOUR PRIMARY FOCUS OR AREA OF STUDY?

3. LIST ANY SPECIAL AWARDS OR RECOGNITION YOU HAVE RECEIVED.

4. LIST ANY CLUBS OR ORGANIZATIONS YOU BELONG TO.

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PARENTAL PERMISSION FORM

As a parent or guardian of _____, I hereby
grant permission for _____ High School to release

scholastic records to Against All Odds for the purpose of
obtaining a scholarship award.

DATE: _____

SIGNATURE: _____

AGAINST ALL ODDS SCHOLARSHIP APPLICATION

AMOUNT: \$500.00

**WE WILL AWARD 3 INDIVIDUALS WITH A \$500.00 SCHOLARSHIP
FOR THE 2024-2025 SCHOOL YEAR TO USE TOWARDS ANY**

COLLEGE, JUNIOR COLLEGE, TECHNICAL, vocational, OR TRADE SCHOOL.