



Thank you for your interest in The Mark Wandall Foundation's Scholarship Program. We are excited to award scholarships to young adults (age 25 and under) who are residents of the state of Florida and who have experienced the death of a parent, sibling and/or guardian.

The attached application and required documents must be completed and submitted no later than March 31, 2022. Incomplete applications or those missing the required documents detailed below will not be considered. Submit your application and required documents to [Scholarship@TheMarkWandallFoundation.org](mailto:Scholarship@TheMarkWandallFoundation.org)

All applications received will be acknowledged by email. If you do not receive an email acknowledgement, it is the applicant's responsibility to confirm the application has been received prior to the deadline. If you have been selected, you will be notified by telephone and certified mail by May 15, 2022.

You are welcome to apply for a scholarship opportunity with The Mark Wandall Foundation each year (winners can also re-apply), however no applicant will receive award money more than four times.

Please use the below checklist to be sure you have all the required documents prior to your submission.

Good Luck!

- ✓ Scholarship Application
- ✓ 3 Letters of Recommendation, One of Each:
  1. Personal Recommendation
  2. Scholastic Recommendation
  3. Professional Recommendation (employer, volunteer coordinator, coach, etc.)
- ✓ Copy of High School, College or Vocational Program Transcript
- ✓ Essay or Video
- ✓ **PLEASE SUBMIT YOUR APPLICATION PACKET IN ONE COMPLETE .PDF FILE (not several, 1-page attachments)**



# The MARK WANDALL FOUNDATION®

www.TheMarkWandallFoundation.org

## Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Loss of Parent/Guardian: \_\_\_\_\_ Date of Loss of Sibling: \_\_\_\_\_

Are you a citizen of the United States? YES  NO

Have you ever applied for this scholarship? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

**\*High School:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

**\*College:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**\*Other:** \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Recommendations

Please list the contact information for the three letters of recommendation you are including with this application:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## Extra-Curricular Activities, Volunteer Work & Achievements

Please list any extra-curricular activities, volunteer work, community involvement, leadership roles or awards and/or achievements below:

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## Essay

*In an essay in 500 words or less (and in 10-point font) OR in a video submission of 3 minutes or less, please tell us about **the continuing impact the person you have lost has had on your life AND how that impact has resulted in your drive to achieve a college degree or higher education.** Please submit your essay or video with this application.*

## Disclaimer

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to a scholarship award, I understand that false or misleading information in my application may result in forfeiture of my scholarship.*

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