

Through the Eyes of a Child Foundation

Scholarship Program

Background: The mission of the foundation is to “fund educational and cultural opportunities for current and former residents of Child Haven to realize their individual goals and aspirations”.

Program Areas: The foundation offers scholarships to individual applicants who seek to realize individual goals and aspirations through educational and cultural opportunities. Specific program areas include:

Cultural: For the funding of musical instruments, uniforms or equipment, individual or group musical/dance or drama lessons, or any other cultural opportunity, such as:

- Church camps
- Summer camps that enhance social/independent living skills
- Art lessons
- Vocal lessons
- Music lessons
- Cultural trips associated with school/education programs:
 - Choir competitions
 - Band competitions
 - Sports competitions
 - Other educational competitions
 - Historical Events, i.e. Washington, D.C.

Medical/Dental/Visual: For the funding of medical, dental or visual procedures and/or equipment, not currently provided for.

Education: For the funding of tuition, the purchase of books or education related materials (with the exception of computers), individual tutoring, lab fees, class trips, housing while attending full-time accredited school programs, or any other opportunity related to education, not funded by any other funding sources

Sports: For the funding of sports equipment, uniforms, fees and lessons that will enhance any team or individual sports opportunities.

Limitations: **The Foundation is under no obligation to fund a scholarship request.**

Scholarships up to \$5,000.00 **may be** granted on an annual basis.

Disbursements will be made payable to the school or program, not to the applicant or applicant's guardian.

* Scholarships for programs lasting more than 90 days will be funded on a quarterly basis.

* ** Scholarships for college tuition and expenses will be reviewed at end of a semester/quarter after receipt of the following documentation:

- Student maintained a minimum GPA of 2.5
- Proof of enrollment as a full time student
- Copy of the class schedule
- Transcripts must be sent directly to Foundation
- A statement of total Income and Expenses of applicant must be included.

Applicants:

Applicants must be current or former residents of Child Haven, and agree to the guidelines of submission established by the foundation. Applicants must also agree to an interview when Foundation Board of Directors deems it warranted.

Restrictions:

Funding by this foundation should be limited to opportunities that have no other or limited funding available. All other funding opportunities must be researched and documented by the applicant.

Submission Guidelines:

Applicants should submit a proposal including:

1. A specific dollar amount requested, and a breakdown of the way those funds will be spent in relation to the program/project.
2. A full description of the program/project including the purpose, goals/objectives and timeline. **This portion of the application must be completed by the child, explaining why this program/project is important to them.**
3. A letter of recommendation/commitment from a personal reference (foster family, casemanager, guardian, parent, attorney, friend). **This letter should include a commitment on the part of the recommending party that they will assist said child in completing this program/project, and contact information (phone number).**

4. A letter of recommendation/commitment from a program/project related reference (teacher, coach, music teacher, drama instructor). **This letter should include a commitment on the part of the recommending party that they will assist said child in completing this program/project.**

Notification:

Applicants submitting complete applications received by the 1st of the month will be notified by the end of the same month. Funding can occur any time during a 30 day period from the date application is approved.

Scholarship Follow-up:

All recipients of scholarship funds will be asked to submit to the foundation, upon completion of the program/project or every 90 days* (whichever occurs first) ** a short written summary explaining the positive results of the scholarship program. This summary must be sent to:

**Through The Eyes of a Child Foundation
Attn: Scholarship Committee**

**PO BOX 96686
Las Vegas, NV 89193-6686
1.888.654.3174 Tel/Fax
www.throughtheeyesofachildfoundation.org**

***Funding of all educational programs lasting more than 90 days may be postponed or withheld if the recipient does not submit the required summary.**

****All recipients who do not submit the required summary may be denied funding of additional applications.**

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Scholarship Application

Submittal Date of Application: _____

Name of Child: _____ Age: _____

Date of residency at Child Haven: _____

Current Program Status: Foster Care Relative Parent Adoption

Name of Assigned worker Foster Parent Guardian: _____

Person to contact for additional information: _____

Address: _____

Phone _____

E-mail: _____

Funding Needed by: _____ (Please allow a minimum of 30 days for funding)

| *Use/purpose of funds: | Amount: |
|------------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total | \$ _____ |

*Include registration form/pricing information from program provider.

Program/Project Description:

Attach the following to this application:

1. A **letter of personal reference** (identify relationship: foster family, case-manager, guardian, parent, attorney, friend, etc) recommending this applicant be funded and committing their support to the applicant in successful completion of the proposed program/project. Include contact information.
2. A **letter of program/project related reference** (identify role: teacher, coach, music teacher, drama instructor, social worker) recommending this applicant be funded and committing their support to the applicant in successful completion of the proposed program/project. Include contact information.
3. A **letter from the child** stating why he/she would like to be considered. (If child is not able to write, then this can be completed by the assigned worker, parent or guardian.)
4. The completed **Application Check List** (page 5 of this packet)

***Funding of all educational programs lasting more than 90 days may be postponed or withheld if the recipient does not submit the required summary as described on page 2 of the Scholarship Program.**

****All recipients who do not submit the required summary as described on page 2 of the Scholarship Program may be denied funding of additional applications.**

I have reviewed this application and ask the Foundation to consider funding the proposed program/project.

Signature Assigned worker Foster Parent Guardian

Signature of Applicant (Child)

Date: _____

Funding by this foundation is limited to opportunities that have no other or limited funding available.

Approval of all applications is at the discretion of the Board of Directors

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Scholarship Application Checklist

**The following requirements have been completed and included with this application for:

_____ on _____
Name of Child Date of Submittal

- The date of residency at Child Haven – *On Application*
- Name, address, phone number and e-mail address of contact person – *On Application*
- Date funding needed (Please allow 30 days from date of application) – *On Application*
- Program and pricing information – *From Provider as an Attachment*
- Child's written statement - *Attachment*
- Letter from personal reference - *Attachment*
- Letter from project/program related reference - *Attachment*
- Application signed by appropriate individual and child, if capable.
- One Completed Check Request form for each payee (please make necessary copies)
- Documentation of all other funding opportunities requested.

Name of person completing this Checklist: (Please Print) _____

Address _____

Signature: _____

Phone Number _____

E-mail _____

Date Checklist completed: _____

**** INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**

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Check Request for Scholarship Funding

Date of Application: _____

Applicant: _____

Amount Applied for: \$ _____

(Attach invoice from vendor or statement from institution providing services)

Name of Payee: _____

Address: _____

Attention: _____

Contact name: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

To be completed by Foundation

Approved By: ** _____

** Approval requested via e-mail to Board Members on:

Approval Date:

Anniversary Date: _____

Use/Purpose of Funds:

Amount of Funding: \$ _____

Date of Payment: _____

Check #: _____