**The Harvey Martin Dream Foundation**

Guidelines

***“A Journey To A New World Of Hope Scholarship Program”***

Dear Harvey Martin Dream Foundation Scholarship Applicant:

The **Harvey Martin Dream Foundation** was conceived by the late Harvey Martin and his sister, Mary Martin. In honor of her brother’s legacy, it has become Mary’s inspiration and passion to establish a foundation in her brother’s memory that will motivate, encourage, inspire and financially assist students who have the desire to further their educational aspirations beyond the high school level. In fulfillment of our purpose, the Foundation will strategically seek, recognize, and reward the efforts of students who demonstrate a personal desire and work ethic to achieve progressive academic improvement. Additionally, students must demonstrate a desire to advance to a higher level of instruction (post high school academia).

**Criteria:**

1. Applicant must be currently enrolled in the Dallas, Dallas County, Ft. Worth
Independent School District or a campus accredited by the Texas Education
Agency.
2. Applicant must have a **Good Attendance School Record**. **(Ex: Proof from a Current Unofficial School Transcript).**
3. Applicant must demonstrate a sense of commitment and positive-impact involvement consistent with the views and values of the Foundation. **(Ex: Volunteer Work, School Activities, etc).**
4. Applicant must submit a letter that contains a brief explanation of educational goals and personal background information.
5. Applicant must submit **Three (3) Letters** of **Recommendations** from any of the following: Teachers, Administrators, Counselors, Employers, or Individuals with significant knowledge of applicant who aren’t relatives.

Carefully review and submit The Harvey Martin Dream Foundation Scholarship Application and information on or before the specified **DEADLINE** to P. O. Box 3075, DeSoto Texas 75123. **DEADLINE** for all applications to be **SUBMITTED** and **RECEIVED** is **Friday, December 20, 2019**.

 **ONCE THE APPLICANT IS CONTACTED REGARDING THEIR APPLICATION STATUS**:

1. The applicant must submit a **500 Word Essay** addressing the **Topic/Title of the Foundations Selection.** The topic will be announced on the Harvey Martin Dream Foundation website on **Friday, January 24, 2020.** ([www.harveymartindreamfoundation.com](http://www.harveymartindreamfoundation.com)). Please visit the website on that date for further instructions regarding the **Essay Topic** and **Deadline for submission.** If you have any additional questions or concerns, please contact The Foundation at 469-233-1031.

Thank you for your interest.

Dr. Mary Martin, Executive Director

The Harvey Martin Dream Foundation

**Harvey Martin Dream Foundation**

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**APPLICATION Page 1**

1. Please **print clearly** the following information. Submit the **completed application** and all requested documents by mail to: Harvey Martin Dream Foundation, P.O. Box 3075, DeSoto, Texas 75123.
2. **Incomplete,** **inaccurate**, or **unsigned** applications will not be considered.
3. Please submit only one application per applicant.
4. The **DEADLINE** date for submission of applications, information requested and **RECEIVED in the P.O. Box** is **Friday, December 20, 2019.**

**Personal Information:**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Grade Level: \_\_\_\_\_\_ Sophomore \_\_\_\_\_\_\_ Junior \_\_\_\_\_\_ Senior

(Place an X to indicate the appropriate current classification or grade level)

Current Average Grade Point: \_\_\_\_\_\_\_\_SAT Results: V \_\_\_\_M \_\_\_\_\_W \_\_\_\_\_ Total: \_\_\_\_\_\_\_\_\_

And/or ACT Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Information:**

Name of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual Household Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any of the following: Special Achievements/Recognitions/Extra-Curricular Activities. (Note: This information is for the Foundation’s records and will not be used to determine your acceptance)

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**APPLICATION Page 2**

I certify that I have reviewed and understand the Foundations criteria for acceptance.

I certify that the statements herein are true to the best of my knowledge and grant permission for the information contained herein to be shared with the scholarship selection committee.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only**:

Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foundation’s Disposition:

Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* The Harvey Martin Dream Foundation’s University Partners are as follows\*\***

 University of North Texas Dallas

 Texas A&M University-Commerce

 University of Texas Arlington

**If you are interested in attending either of these University’s please check the box/boxes that apply.**

**We also assist with other Colleges/University’s.**