



## Bennett Clayton Foundation Scholarship Program

1. Please print or type all information.
2. If space provided is inadequate, please attach additional papers to the application.
3. All data you submit in support of this application becomes the property of Scholarship Managers (SM).
4. The deadline date for the submission of the application is **April 1st**.

### **APPLICANT DATA:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

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

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

### **PARENT/GUARDIAN DATA:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

### **HIGH SCHOOL DATA:** If you are HS senior, please submit a transcript of your HS grades.

Cumulative GPA: \_\_\_\_\_ (on a 4.0 basis, unweighted)

School Name: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

### **COLLEGE/POST-SECONDARY SCHOOL DATA:** If you are a college student, please submit a transcript of your college grades.

Cumulative GPA: \_\_\_\_\_ Please list the college you currently attend, or the college you plan to attend. If you are currently undecided, please list in order of preference.

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_

4 year college: \_\_\_ 2 year Community/Jr. College: \_\_\_ Vocational Technical School: \_\_\_ Other: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree: Bachelor \_\_\_ Associate \_\_\_ Certificate \_\_\_ Other \_\_\_\_\_

**SCHOOL AND COMMUNITY ACTIVITIES AND AWARDS/OFFICES:** For the last 4 years only. If additional space is required, please attach a separate sheet in the format below. Resumes will not be accepted.

Activity/Award/Office Held	From MM/YY	To MM/YY	Hours/ week	Activity/Award/Office Held	From MM/YY	To MM/YY	Hours/ week

**WORK EXPERIENCE, FULL OR PART TIME:** For the last 4 years only. If additional space is required, please attach a separate sheet in the format below. Resumes will not be accepted.

Position	From MM/YY	To MM/YY	Hours/ week	Position	From MM/YY	To MM/YY	Hours/ week

**DOCTOR'S STATEMENT:** Please attach a Doctor's statement with OI diagnosis.

**GOALS AND ASPIRATIONS:** Please attach a brief statement or summary of your plans as they relate to your long-term goals.

**PERSONAL STATEMENT:** Please attach a description of the impact that Osteogenesis Imperfecta (OI) has had on your life.

**UNUSUAL CIRCUMSTANCES:** If needed, please attach a description of how any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

**AFFIDAVIT:** The signatures below affirm that all the information provided on this application and supporting documents is true and complete to the best of my knowledge. If requested, we will provide proof. Failure to submit this proof shall invalidate this application and result in termination of any aid granted.

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Signature of Applicant

Date

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Signature of Parent/Guardian

Date

**APPLICATION CHECKLIST:** The applicant is responsible for submitting all materials to SM on time. Incomplete applications will not be considered. This application becomes complete and valid only when all of the following materials have been received:

- The completed application, including attachments
- A current transcript
- A Doctor's statement with OI Diagnosis

Materials must be submitted to:

Scholarship Managers  
 Bennett Clayton Foundation Scholarship Program  
 PO Box 2810  
 Cherry Hill, NJ 08034

and postmarked no later than April 1st.

**QUESTIONS:** If you have a question, please contact SM at [scholarshipmanagers@scholarshipmanagers.com](mailto:scholarshipmanagers@scholarshipmanagers.com)