



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 15th**.

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-terms 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.

Signature of Applicant Date

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 15th**.

QUESTIONS: If you have a question, please contact SM at scholarshipmanagers@scholarshipmanagers.com