

**Empowering Change Foundation
Dr. Joyce Jackson Scholarship
Application Form**

General Information

Full Name _____

Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Academic Information

High School Name _____

Expected Graduation Date _____

Cumulative GPA (Attach transcript) _____

College/University You Plan to Attend _____

Intended Major or Field of Study _____

Community Involvement

List of community service activities

Activity	_____	Hours	_____
Activity	_____	Hours	_____
Activity	_____	Hours	_____

List of extracurricular activities

Activity	_____	Hours	_____
Activity	_____	Hours	_____
Activity	_____	Hours	_____

Essay Submission

In 500 to 750 words, discuss your career aspirations, the ways in which this scholarship will support your journey toward achieving them, and the potential impact your education could have on your community. (Attach a typed response.)

Letters of Recommendations

Provide two letters of recommendation from a teacher, mentor, or community leader. Include their contact information for verification.

Financial Need (Optional)

Do you wish to be considered for financial need?

- ☐ Yes (Attach family income documentation or FAFSA summary)
☐ No

Required Attachments

Official high school transcript.

Essay response.

Proof of college acceptance (if available).

Letters of recommendation.

Applicant Certification and Acknowledgment

I, _____, certify that the information provided in this application is true and accurate to the best of my knowledge. I hereby grant permission to Empowering Change Foundation to use my name, photograph, and video in any publications, promotional materials, websites, social media platforms, or any other media, whether now known or hereafter existing. I understand that these materials may be used for marketing, promotional, or educational purposes.

I acknowledge that I will not receive any compensation for the use of my image or name, and I waive the right to inspect or approve the finished product wherein my likeness appears. I release Empowering Change Foundation, its employees, agents, and assigns from any and all claims that may arise in connection with the use of my name, picture, or video, including, but not limited to, claims of defamation or invasion of privacy.

By signing below, I confirm that I am of legal age and have the right to grant this permission. If I am a minor, my parent or guardian has also signed below to consent to this agreement.

Signature

Date

Parent/Guardian Consent (Required for Applicants Under 18)

If the applicant is under the age of 18, a parent or guardian must also provide their consent.

Parent/Guardian Name

Signature

Date

Submission Details

- Deadline: April 30, 2024 at 11:59 PM
- Submission Email/Address: contact@empoweringchangefoundation.org
- For questions, contact Mr. B.J. Jackson, Jr. or Dr. Joyce Jackson