



Dr. Jerome B. Wade Scholarship Application

Thank you for your interest in applying to the Dr. Jerome B. Wade Scholarship! To ensure we have all the information needed for evaluation, please complete this application in full and follow the instructions along the way. If your computer or device does not allow you to fill in the sections, please print the document and scan it to us by email. To be eligible for this scholarship you must be a current senior enrolled in a high school in Tulsa Public Schools.

Instructions:

1. Complete **all** sections and questions in the application below;
2. Take and submit a semi-professional headshot photo with your application;
3. Create and submit a résumé (include current and cumulative GPA, extracurricular activities, community service, previous employment (if applicable), etc.);
4. Include 1 Letter of Recommendation from a noted professional (i.e. teacher, principal, pastor, counselor, etc.). The recommender must not be related to the applicant;
5. Submit a double-spaced, 500-word essay, responding to the following prompt: “Dr. Wade’s Life and Legacy is Inspiring to me because...” Do not exceed the word limit. Be sure the grammar and any facts included in the essay are proper and accurate. Review the bio of Dr. Jerome B. Wade on [the website](#);
6. Sign and email the “Talent Release Form” document with your application. No application will be reviewed without this form;
7. The deadline to submit applications is Friday, May 3, 2019 by 5 P.M. Applications received after the deadline will be disqualified and discarded;
8. Email all required material (outlined above) in one email for review by the scholarship committee to www.jbwadescholarship.org; and
9. Stay informed of scholarship seminar opportunities to assist you in managing and securing funds for college by visiting www.speaks4you.org/.

*Please note, some requirements may change from year to year. Correspondence and questions should always be addressed to the “**Dr. J.B. Wade Scholarship Committee**”.

Once completed, please submit all information to the Dr. J.B. Wade Scholarship Committee as follows: In the subject of the email, please put your First Name and Application (ex: Johnathan Application). Also, be sure to label your attachments as follows: “FirstName_DocumentType (ex: Johnathan_Resume)

Submit to committee email: jbwadescholarship@gmail.com

The purpose of this application process is to challenge and expose the candidate to various application processes. Feedback will be given on all submitted materials. Everyone is a winner because everyone will learn how to express their ideas fluently, efficiently and follow instructions precisely.

1. Applicant's Full Name: _____
LAST NAME
FIRST NAME
MIDDLE INITIAL

2. Applicant's Complete Address:

STREET ADDRESS

STREET ADDRESS (SECOND LINE)

CITY STATE/PROVINCE POSTAL CODE/ZIP CODE

COUNTRY

PHONE E-MAIL ADDRESS

3. High school graduation date: _____

4. College/university start date: _____

5. Name of top three college selections currently applying to:

6. List your extracurricular activities (include any descriptions or details on résumé):

7. List the name of your recommender. Include actual recommendation letter as attachment.

8. What is the subtitle of your personal essay (optional)? (Include actual essay as an attachment, 500 words, double-spaced, 12-point type; Times New Roman preferred)

9. I have submitted a photograph to be used if I am selected as the scholarship winner: Yes / No
[Please note: A digital photo should be submitted with the emailed material and a printed photo 4x6 with the mailed material.]

10. My parents or guardians and I have signed and submitted the attached "Talent Release Form": Yes / No

Speaks 4 You, Inc.'s
Dr. Jerome B. Wade Scholarship

TALENT RELEASE FORM

I, _____ (parent/guardian), hereby give permission to **Speaks 4 You, Inc.** to video tape, photograph, make a voice recording or motion picture of me and/or my minor child, _____ (student's name) to be used in connection with the Internet, an education television program or subsequent visual or auditory presentation, print publication, or to use in a depiction of other activity through our nonprofit. I understand and agree that this will become the exclusive property of the organization named above and that I am to receive no compensation or remuneration for my participation, or that of my child.

Signature of Student

Parent Signature

Date

This form is to be submitted with the Dr. Jerome B. Wade scholarship application to jbwadescholarship@gmail.com.