

**GUIDELINES**  
**Children's Defense Fund – New York**  
**Beat the Odds® Scholarship**

*If you have any questions, contact Robyn Furman at (212) 697-2323.*

***Eligibility***

Nominees for the Beat the Odds® Scholarship must meet the following criteria:

- Currently a junior enrolled in the New York City public school system;
- Will graduate by June 2010;
- Following graduation, will attend college/university;
- Has overcome significant obstacles such as, but not limited to, poverty, disability, homelessness or abuse;
- Has achieved/maintained a grade point average showing marked effort, improvement or success;
- Participated in activities helpful to others such as volunteerism, or other forms of community involvement; and
- Will be available for meetings, photo shoots, interviews, and award ceremony if selected to receive the scholarship.

***Publicity***

When you are considering whether a particular student is an appropriate nominee, please remember that the five scholarship winners will be recognized at a large event. In addition, the winners may be the subject of interviews by the local media about their scholarship. Your nominees must be comfortable with telling their stories publicly. For some young people, the publicity is difficult and may not be suitable. Please review these considerations with each student before he or she submits an application.

***Student Statement***

Each applicant must submit a personal statement explaining how he or she has overcome obstacles to succeed. The statement should also clearly indicate that the student meets the eligibility criteria listed on the previous page. The student statement should be no shorter than one page and no longer than two pages, typed in 12-point font and single-spaced.

### ***Letters of Recommendation***

Each applicant must submit **two** letters of recommendation that set forth how the student has overcome the obstacles in his or her life and succeeded; the length of time the writer has known the student; how the student has demonstrated leadership skills; and any additional personal achievements the student has attained. Letters of recommendation should be no less than one page and no more than two pages in length, typed in 12-point font and single spaced.

*One recommendation **must** be from a teacher, guidance counselor or other educator* who can speak about the student both personally and academically.

#### Educator Recommendation

If you are an educator yourself but do not feel you know the student well enough to write a detailed letter, please help the student choose another person at the school who is better suited. In addition to the items set forth in the previous paragraph, the educator recommendation should also discuss the student's academic record, noting, for example, if the student has shown significant effort or improvement or has consistently excelled despite obstacles to his or her education.

#### Additional Recommendation

The second letter of recommendation should also be from a person who knows the student well. It may be from a teacher or from any other individual the student chooses—for example, a coach, mentor, internship supervisor, clergy member or friend. Applicants may **not** submit letters of recommendation written by family members or relatives.

### ***School Transcripts***

Each applicant must submit a copy of a **complete** transcript from every high school attended, up to and including the most recent semester completed.

**APPLICATION Cover Sheet**  
**Children's Defense Fund – New York**  
**Beat the Odds® Scholarship**

Please mail your complete application packet to:

Children's Defense Fund – New York  
15 Maiden Lane, Suite 1200  
New York, NY 10038  
Attn: Beat the Odds® Selection Committee

***THE APPLICATION DEADLINE IS September 18, 2009***

TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ONLY.

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Student's Name

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Age

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Overall G.P.A.

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Ethnicity (optional)

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Email

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Street Address (include apartment number)

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City

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State

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Zip Code

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Home phone #

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Second phone # (cell, work, etc.)

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Number of Persons in Family

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Estimated Annual Family Income

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High School/Organization

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Name & Title of Contact Person at  
High School/Organization

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Phone # of Contact Person