



STAAR Leaders of Rochester, Inc.

P.O. Box 20518, Rochester, NY 14602

www.staarleaders.net

Mission: A non-profit leadership organization committed to strengthening communities through training, support, and development of our youth.

SCHOLARSHIP APPLICATION (DEADLINE IS May 15)

Please note: The application can be completed in ink or type written. However, the essay and other required attachments must be type written. An incomplete application will be void. If extra space is needed, please record the information on a separate sheet and attach it to the application.

Application Guidelines

ELIGIBILITY GUIDELINES

SCHOLARSHIP AWARDS

The purpose of the STAAR Leaders of Rochester Scholarship Program is to help aspiring individuals in Rochester and surrounding communities (Monroe County) achieve their academic goals.

The STAAR scholarship is based on the availability of funds and merit of application. A scholarship award is made at the recommendation of the STAAR Leaders Scholarship Committee and approved by the STAAR Leaders Board of Directors. A scholarship award payment is made directly to the recipient's college or institution in their name.

WHO SHOULD APPLY?

Any resident of Rochester and surrounding communities (Monroe County) in need of financial assistance, who is enrolled or planning to enroll in an accredited institution to pursue a degree or vocation, is encouraged to apply.

CRITERIA FOR DEGREE OR CERTIFICATE BASED SCHOLARSHIPS

1. Candidates must provide strong evidence of community involvement and/or leadership in the community through volunteer efforts or other community service activities.
2. A candidate must be admitted to an accredited four or two-year institution.
3. The candidate must have achieved and continue to maintain a grade point average of at least 2.5 on a 4.0 scale, or 4.5 on a 6.0 scale.
4. Letter of acceptance for freshman candidates.

CRITERIA FOR NON-DEGREE BASED SCHOLARSHIPS

1. Candidates must provide strong evidence of community involvement and/or leadership in the community through volunteer efforts or other community service activities.
2. Provide career plans and institution or workshop where training will take place.
3. Letter of acceptance.



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SCHOLARSHIP APPLICATION

PLEASE READ AND CAREFULLY ADHERE TO THE FOLLOWING APPLICATION REQUIREMENTS:

1. Complete and submit your application by **May 15** of the scholarship year.
2. Attach a 150 - 300 word typed essay.
3. Three complete recommendation forms are required.
4. Include the recommendation forms and/or the original letters from a faculty/advisor/professor and one from a representative from a community service organization with which you are or were involved. Letters must be placed on letterhead, hand-signed by the individuals writing the recommendation.

Please note: Relatives are not eligible to write recommendations.

5. Include a copy of your current resume if desired.
6. Sign and date the application.
7. Application, recommendation forms and all enclosures should be mailed to:

**STAAR Leaders of Rochester, Inc.
P. O. Box 20518
Rochester, NY 14602**

- ❖ **All information must be received by the application deadline; there are no exceptions. *Missing items will result in disqualification of your application.***
- ❖ **Each applicant will be notified by mail whether he/she has been awarded a scholarship.**
- ❖ **Awards are granted during the Annual Awards Dinner. *If selected the recipient is required to be present at the award ceremony,***
- ❖ **Scholarship checks are made payable to the recipient's school.**
- ❖ **Photo:** Please submit a headshot to be used during the scholarship award ceremony and on our website, should you be awarded a scholarship.
- ❖ **Photo Release:** I hereby give permission to be photographed during the STAAR Leaders of Rochester, Inc. award ceremony. I understand the photos can be used on the website or in printed materials (brochures / newspapers) promoting STAAR Leaders of Rochester, Inc. Scholarship Fund.



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5. Community Service/Volunteer Information

Name of Organization: _____

Supervisor's Name: _____ Phone: _____

Role: _____

Name of Organization: _____

Supervisor's Name: _____ Phone: _____

Role: _____

6. Employment Information (if applicable)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

Hire Date: _____ End Date: _____

7. Letters of Recommendations:

Three reference letters are required: two regarding your community activities and one from your school. Please list the references below. (Sealed reference letters should be mailed to STAAR Leaders of Rochester, Inc., PO Box 20518, Rochester, NY 14602 or emailed by the AUTHOR ONLY to secretary@staarleaders.net.)

Please note: Relatives or people under the age of 21 years cannot provide letters of recommendations on your behalf.

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to a scholarship, I understand that false or misleading information in my application or interview may result in my forfeiting the scholarship. If selected, the recipient is **required** to be in attendance at the award ceremony.*

I understand that although my photograph may be used for advertising, I do not expect compensation and that all photos are the property of STAAR Leaders of Rochester, Inc.

Signature: _____ Date: _____



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Letters of Recommendation

LETTER OF RECOMMENDATION REQUEST FORM FOR SCHOLARSHIP AWARD

Dear Applicant: Please complete the information on this page and send it to each individual you have chosen to recommend.

Applicant's name: _____
(First) (M.I.) (Last)

Permanent Address: _____
(Street) (Apt. #)

(City) (State) (Postal Code)

Cell Phone: (____) _____ Email: _____

I give permission to: _____ to write a reference letter to:
(name of teacher/faculty, etc.)

STAAR Leaders of Rochester, Inc., P.O. Box 20518, Rochester, NY 14602

The above individual has my permission to include in the reference letter; my GPA, course grades, academic performance and any other information the individual believe is pertinent to meet the purpose of this letter.

WAIVER OF ACCESS:

In accordance with the Family Education Rights and Privacy Act of 1974 (check one):

I waive my right to inspect and review a copy of this letter of reference at any time in the future: Yes No

Signature of Applicant

Date

NOTE TO THE REFEREE:

If the applicant has agreed to this waiver, we will preserve the strict confidentiality of this document. The document will be made available only to the members of the scholarship award committee and other appropriate board members. If the applicant has not agreed to this waiver, the report will be made available to them upon request.



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LETTER OF RECOMMENDATION FORM FOR COLLEGE SCHOLARSHIP AWARD

Dear Referee: The applicant has chosen you to provide a recommendation on his/her behalf to support a pending scholarship application with STAAR Leaders of Rochester, Inc.

Please return the form and summary letter in a sealed envelope directly to: **STAAR Leaders of Rochester, Inc, P.O. Box 20518, Rochester, NY 14602.** Letters must be placed on your letterhead and signed. Your comments are strictly confidential and will only be used for the purpose of determining the applicant's qualification for a scholarship award.

Name of Referee: _____

Address: _____

Telephone: (____) _____ Email: _____

Information about the applicant:

Applicant's name: _____

Please answer the following questions in the space provided. Please type or use ink only.

1. What is your relationship to the applicant? _____
2. How long have you known the applicant? _____
3. What is the applicant's greatest strength? _____
4. Please rate the applicant on each of the following characteristics. (check one)

	Below Average	Average	Above Average	Unknown
Analytical Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Please summarize your primary reasons for recommending the applicant on an official letterhead.

Please finalize the recommendation by completing the following:

- Sign and date the recommendation letter and secure the letter in a sealed envelope.
- Return the sealed letter and all forms to: **STAAR Leaders of Rochester, Inc, P.O. Box 20518, Rochester, NY 14602.**

Signature: _____ Date: _____