



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 July 15th)

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 the 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 his/her 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.



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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 plan and institution or workshop where training will take place.
3. Letter of acceptance.

RETURNING CANDIDATES

1. Two scholarships (STAAR Leaders Sustaining Award) are reserved for prior recipients annually.
2. All prior recipients may re-apply for a scholarship.
3. Applicants need to complete an application for a new scholarship.
4. An official transcript is required.
5. An essay expounding on the benefit of receiving a STAAR Leaders Scholarship.
6. Scholarships are awarded to candidates with the best GPA amongst all prior recipients.



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SCHOLARSHIP APPLICATION

PLEASE READ CAREFULLY AND ADHERE TO THE FOLLOWING APPLICATION REQUIREMENTS:

1. Complete and submit an application by **July 15th** of the scholarship year.
2. Attach a 150 - 300 word typed essay (see application form).
3. A sealed copy of your school's official transcript must arrive by the application deadline (**May 15th**). In the event that your transcript for the current semester is not immediately available, send transcript from the previous semester and indicate that the current transcript will follow.
4. Two completed recommendation forms are required (*The recommendation form is attached to the application*).
5. 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.**
6. Include a copy of your current resume if desired.
7. Sign and date the application.
8. 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 or not he/she has been awarded a scholarship. No phone calls please.**
- ❖ **Awards are granted during the Annual Awards Dinner (usually held on the last Friday of July). Scholarship checks will be made payable to the recipient's school.**



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Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Prior STAAR Leaders Scholarship Recipient? YES NO

Education Information

Name of High School: _____

Address: _____

GPA: _____ Graduation Date: _____

Please submit a **sealed** copy of your **official stamped** high school transcript. (*****Copies will not be accepted*****)

List the institution of higher education you will be attending.

College: _____ Address: _____

Major: _____ Freshman Sophomore Junior Senior

GPA (If applicable): _____

Essay

Please attach your 150 – 300 words, essay which answers the following questions.

- a. *Your career objectives and goals*
- b. *How you plan on meeting your career goals and objectives*
- c. *How you have served your community and how you will continue to serve your community in the future.*
- d. *How you have benefited from your involvement in your community.*
- e. *Why you feel you should be a STAAR Leaders Scholarship recipient*



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Community Service/Volunteer Information

Name of Organization: _____

Supervisor's Name: _____ Phone: _____

Role: _____

Name of Organization: _____

Supervisor's Name: _____ Phone: _____

Role: _____

Employment Information (if applicable)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____

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.

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 along with page 7 to each individual you have chosen to recommend you.

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

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

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

(City) (State) (Postal Code)

Home 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 believes 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 staff members. If the applicant has not agreed to this waiver, the report will be made available to him/her 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 form and summary letter in a sealed envelope directly to the applicant to be included in his/her package.

Your comments are strictly confidential and will only be used for the purpose of determining the applicant's qualification for a scholarship award.

This form gives you permission to non-directory about this applicant in order to write the requested reference letter. Your permission to disclose this information ends when the letter is sent to STAAR Leaders of Rochester, Inc.

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 the applicant.

Signature: _____ **Date:** _____