

**2020**

**Parent/Guardian and Youth**

**Scholarship Program and Application**

**Deadline to submit a Scholarship Application:**

Postmarked by February 15, 2020

**Scholarships will be awarded by:** April 1, 2020

GP M.A.D.E. Foundation, Inc.  **l**  P.O. Box 665  **l**  Columbia, MO 65205 l foundation@gpmade.com

**GP M.A.D.E. Foundation, Inc. Mission**

*MAKING A DIFFERENCE EVERY-DAY in the life and future of youth facing difficult challenges.*

**Purpose**

The GP M.A.D.E. Foundation, Inc. (the “Foundation”) started by Coach Gary Pinkel, is a non-profit 501(c)(3) organization, established to provide financial assistance to young people facing difficult challenges. The Foundation Support Objectives are:

1. Support and research for youth facing lymphoma and leukemia cancers
2. Assisting youth with physical challenges
3. Aiding youth experiencing economic and social challenges through mentoring/scholarship, etc.

**Eligibility**

To be eligible for a new scholarship, an individual must show

1. A financial need.
2. Possess the motivation to succeed
3. Be of good character.

The applicant must be under the age of 20, a Missouri resident, and a recent high school graduate or will graduate in 2020. The scholarship must be used in the state of Missouri for a higher education program, at a trade school or at a university.

**Selection**

Scholarship recipients – known as GP M.A.D.E. Scholars – are selected each year by the Scholarship Committee of the Foundation. Recipients will be chosen based on the three criteria listed under Eligibility. All applicants will receive notification of the outcome of their scholarship application.

**Award Amounts**

The GP M.A.D.E. Foundation Scholarship awards are determined by the amount the Scholarship Committee recommends is prudent to be awarded.

**Application Package**

Consideration will be given to candidates submitting complete application packages, which include:

1. a complete GP M.A.D.E. application form (copies are acceptable); and
2. Proof of United States citizenship.

Applications and attachments may be mailed (postmarked by the application deadline) or emailed (by the application deadline) to:

* **By Mail**

GP M.A.D.E. Foundation, Inc.

Attention: Scholarship Committee

P.O. Box 665

Columbia, MO 65201

**OR**

* **By Email**

foundation@gpmade.com

**Interviews**

The GP M.A.D.E. scholarship committee may require an interview with the applicant(s). If needed, applicant(s) will be notified by telephone, email, or letter regarding their interview date and time. All interviews shall be completed prior to the deadline of the award date for the application year.

**Scholarship Awarding Procedure and Payments**

The Foundation will notify the applicant of their award as soon after April 1st as possible. The check will be made payable to the school chosen by the applicant. Any taxes that may be due are entirely the responsibility of the recipient Scholar. Please consult your tax adviser to determine your tax treatment.

**Change of Contact Information**

If there is a change of name, address, telephone number, cell phone number or email address – the applicant and/or scholar must immediately notify the Foundation by email at foundation@gpmade.com.

**Summary Report by Scholarship Recipient**

The scholarship recipient is required to provide in writing a brief summary of the impact of their award, stating how the financial reward has made a difference in their life every day. This summary should be sent to the Foundation no later than December 31, 2020. This summary should be sent to:

E-mail: foundation@gpmade.com

Mailing Address: GP M.A.D.E. Foundation, Inc.

 Attention: Scholarship Committee

 P.O. Box 665

 Columbia, MO 65201

Please include complete name and contact information.

**Applicant Certification**

By applying and accepting a scholarship, you have agreed to the below statements by signing the application form in the certification section:

* I certify the information provided on the application and all supporting documentation submitted at any time is true, correct and complete to the best of my knowledge.
* I understand that if I give information that is not true or if I withhold information and I receive a scholarship for which I am not eligible, the scholarship will be denied or revoked.
* I have submitted a completed GP M.A.D.E. Foundation application form (copies are acceptable).
* I have attached sheets, as needed, with additional information. My name appears on all sheets/attachments.
* I will provide a “Summary” report within six months or by December 31, 2020.

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| **GP M.A.D.E. Foundation, Inc. - 2020 Scholarship Application** |

|  |  |  |
| --- | --- | --- |
| **Last Name** | **First Name** | **M.I.** |
|  |  |  |
| **Street Address** | **City** | **State** | **Zip** |
|  |  |  |  |
| **Email Address** |  |
| **Cell Phone #** |  | **Other Phone #** |  |
| **I am a citizen of the United States** | **Yes** |  | **No** |  |

**Parent(s)/Guardian (required if applicant is a minor)**

|  |  |
| --- | --- |
| **Father’s Name** |  |
| **Address** |  |
| **Cell or Home Phone and Email Address** |  |
| **Mother’s Name** |  |
| **Address** |  |
| **Cell or Home Phone****and Email Address** |  |

**OR**

|  |  |
| --- | --- |
| **Guardian Name** |  |
| **Address** |  |
| **Cell or Home Phone****and Email Address** |  |
| **Guardian’s Relationship to Applicant** |  |

**2020 Scholarship Application Continued**

**New Scholarship Request**

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| **On a separate sheet of paper:**1. **Please share your need based on one of the three GP M.A.D.E. Foundation objectives found on page #2.**
2. **Include a personal profile of introduction, goals, motivation and why you feel you should receive the scholarship.**
3. **You may submit other material, which you consider relevant.**

***Note*: Please place your name on each sheet of paper.** |

**Reference and/or Sponsor**

Please provide the names, addresses, telephone numbers and email address of two references or two sponsors, other than members of your family.

|  |  |
| --- | --- |
| **1st Reference or Sponsor Name/Contact** |  |
| **Address** |  |
| **Cell or Home Phone****and Email Address** |  |

|  |  |
| --- | --- |
| **2nd Reference or Sponsor Name/Contact** |  |
| **Address** |  |
| **Cell or Home Phone****and Email Address** |  |

**Certification**

I hereby state that the information contained in this application is true and correct to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Signature** |  | **Date** |  |
| **Signature of Parent(s)/Guardian(s)**  |  | **Date** |  |

**Photo Release and Consent Form**

I hereby consent to the use of my photographic image and/or name by the GP M.A.D.E. Foundation, Inc. in any printed form or on any website or social media application of the Foundation. I further that the Foundation is free to select, crop, or otherwise alter any photographs or videos without prior consultation with me.

I understand that I am donating and assigning all copyrights or other intellectual property rights to such photographic images or videos, and that there will be no payment or compensation for the photographs, videos, or their use. In giving my consent, I agree that I shall not bring or file any complaints, claims, or causes of action of any kind against, and release, the GP M.A.D.E. Foundation, Inc. for any matter in connection with the use of my photographs, videos, and name.

|  |  |
| --- | --- |
| **Print Full Legal Name** |  |
| **Legal Signature** |  |
| **Signature(s) of Parent/Guardian\*** |  |
| **Date by Parent(s)/Guardian(s)** |  |

\* Signature by Parent(s)/Guardian(s) is required if applicant is a minor.