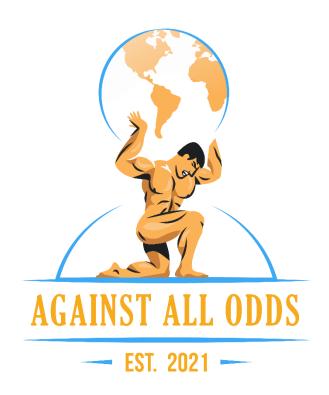
## **SCHOLARSHIP APPLICATION**

## AWARDED BY *AGAINST ALL ODDS*, A WASHINGTON NON-PROFIT CORPORATION



**AGAINST ALL ODDS SCHOLARSHIP APPLICATION** 

Against All Odds will award (3) **\$500.00** scholarshipS to graduating high school seniorS who meets all of the qualifications set forth herein.

Those qualifications are as follows:

- 1. The graduating senior must have a proof of acceptance letter from a College, Junior College, Technical Institute, or Trade School
- 2. The graduating senior must have a GPA of 3.0 or above
- 3. Must be a resident of Okanogan County
- 4. Must be attending Pateros, Bridgeport, Brewster, TWISP/METHOW, NESPELEM, Okanogan, Omak, Tonasket, or Oroville School District

This scholarship award will be based on character, personal initiative, leadership, community involvement, and most importantly, individuals who have been faced with significant challenges in their life; someone who has had to persevere through hardships and overcome adversity in order to achieve their goals.

This application must be mailed back to Chad Demmitt, P.O. Box 3353 Omak, WA 98841 no later than 05/15/24.

## AGAINST ALL ODDS SCHOLARSHIP APPLICATION

Please include the following supporting documentation with this application:

<ul> <li>(3) Letters of Recommend friend (no relatives).</li> </ul>	dation, preferably from a coach, teacher, counselor, or
Official school transcript or	or equivalent
<ul> <li>Letter from applicant station of the award.</li> </ul>	ng the reasons for applying and why they are deserving
AGAINST ALL O	DDS SCHOLARSHIP APPLICATION
DATE:	
NAME:	

MAILING ADDRESS:
PHYSICAL ADDRESS:
DATE OF BIRTH:
SCHOOL DISTRICT:
APPLICANT'S SIGNATURE:
AGAINST ALL OODS SCHOLARSHIP APPLICATION
QUESTIONAIRE:  1. HOW WILL YOU FINANCE YOUR FUTURE EDUCATION?

2. WHAT WILL BE YOUR PRIMARY FOCI	JS OR AREA OF STUDY?
3. LIST ANY SPECIAL AWARDS OR REC	OGNITION YOU HAVE RECEIVED.
4. LIST ANY CLUBS OR ORGANIZATION	S YOU BELONG TO.
AGAINST ALL ODDS SCHOL	ARSHIP APPLICATION
PARENTAL PERMISSION FORM	
As a parent or guardian of	, I hereby
grant permission for H	High School to release

scholastic records to Against All Odds for the purpose of
obtaining a scholarship award.
DATE:
SIGNATURE:

## **AGAINST ALL ODDS SCHOLARSHIP APPLICATION**

**AMOUNT: \$500.00** 

WE WILL AWARD 3 INDIVIDUALS WITH A \$500.00 SCHOLARSHIP FOR THE 2024-2025 SCHOOL YEAR TO USE TOWARDS ANY

COLLEGE, JUNIOR COLLEGE, TECHNICAL, vocational, OR TRADE SCHOOL.