

## The Harvey Martin Dream Foundation

### Guidelines

#### ***“A Journey To A New World Of Hope Scholarship Program”***

Dear Harvey Martin Dream Foundation Scholarship Applicant:

The **Harvey Martin Dreams Foundation** was conceived by the late Harvey Martin and his sister, Mary Martin. In honor of her brother’s legacy, it has become Mary’s inspiration and passion to establish a foundation in her brother’s memory that will motivate, encourage, inspire and financially assist students who have the desire to further their educational aspirations beyond the high school level. In fulfillment of our purpose, the Foundation will strategically seek, recognize, and reward the efforts of students who demonstrate a personal desire and work ethic to achieve progressive academic improvement. Additionally, students must demonstrate a desire to advance to a higher level of instruction (post high school academia).

**Criteria:**

1. Applicant must be currently enrolled or enrolling in the Dallas Independent School District or a campus accredited by the Texas Education Agency.
2. Applicant must have a “Good” attendance record.
3. Applicant must demonstrate a sense of commitment and positive-impact involvement consistent with the views and values of the Foundation.
4. Applicant must submit a letter that contains a brief explanation of educational goals and personal background information.
5. Applicant must submit three (3) letters of recommendations from any of the following: teachers, administrators, counselors, employers, or individuals with significant knowledge of applicant.

Carefully review and submit The Harvey Martin Dream Foundation Scholarship Application and information on or before the specified deadline to P. O. Box 3075, DeSoto Texas 75123.

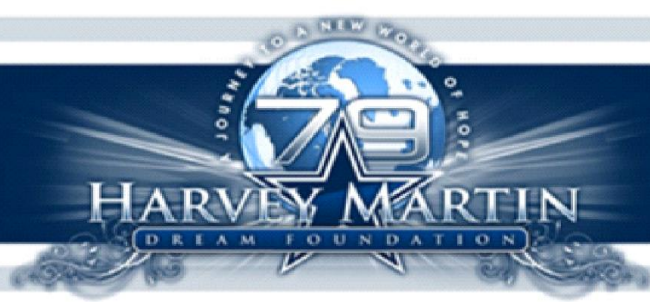
The deadline for all applications to be **SUBMITTED** and **RECEIVED** is **Monday, December 18, 2017**.

**ONCE THE APPLICANT IS CONTACTED REGARDING THEIR APPLICATION STATUS:**

6. Applicant must submit a 500 word essay addressing the topic/title of the Foundations choice. The Foundation will confirm a location for writing the essay when contacting the student. Attendance is required. Topic will be announced the day of the meeting. The meeting dates will be posted on the website on Monday, January 22, 2018. ([www.harveymartindreamfoundation.com](http://www.harveymartindreamfoundation.com))  
If there are any questions or concerns, please contact The Foundation at 469-233-1031.

Thank you for your interest.

Dr. Mary Martin, Executive Director  
The Harvey Martin Dream Foundation



## Harvey Martin Dream Foundation

### ***“A Journey To A New World Of Hope Scholarship Program”***

#### **APPLICATION Page 1**

1. Please **print clearly** the following information. Submit **completed** application and all requested documents by mail to: Harvey Martin Dream Foundation, P.O. Box 3075, DeSoto, Texas 75123.
2. Incomplete, inaccurate, or unsigned applications will not be considered.
3. Please submit only one application per applicant.
4. **The DEADLINE date for submission of applications and information requested and RECEIVED in the P.O. Box is **Monday, December 18, 2017.****

#### **Personal Information:**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_

Year \_\_\_\_\_

Current High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

(Place an X to indicate the appropriate current classification or grade level)

Current Average Grade Point: \_\_\_\_\_ SAT Results: V \_\_\_\_ M \_\_\_\_ W \_\_\_\_ Total: \_\_\_\_\_

And/or ACT Score \_\_\_\_\_

#### **Parental Information:**

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

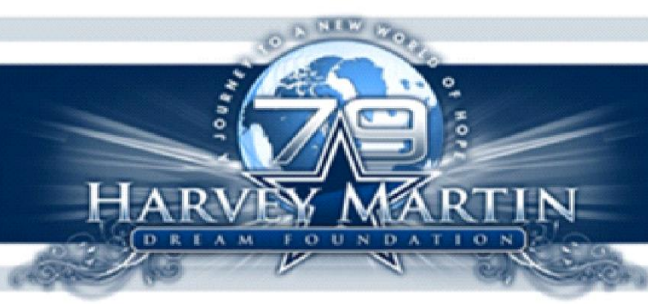
Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Please list any of the following: Special Achievements/Recognitions/Extra-Curricular Activities. (Note: This information is for the Foundation's records and will not be used to determine your acceptance)

#### **Nepotism Statement:**

Are you related to any member of the Foundation and/or Board? Yes \_\_\_\_ No \_\_\_\_ If yes, please name the member and their relationship to you: \_\_\_\_\_



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#### **APPLICATION Page 2**

I certify that I have reviewed and understand the Foundations criteria for acceptance. I certify that the statements herein are true to the best of my knowledge and grant permission for the information contained herein to be shared with the scholarship selection committee.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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Foundation's Disposition:

Review Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_

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