



## **The Harvey Martin Dream Foundation** *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 Mary Martin. In honor of her late 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 the 'average' or 'marginal' student who has 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.

#### **Criteria:**

1. Applicant must be a High School Senior and currently enrolled and 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 submit a letter that contains a brief explanation of educational goals and personal background information.
4. Applicant must submit three (3) letters of recommendations from any of the following: teachers, administrators, counselors, employers, or individuals with significant knowledge of applicant.
5. **DEADLINE** for the **Harvey Martin Dream Foundation Scholarship Application and additional paperwork to be completed and received by the foundation is November 1, 2018. Mailing address: P. O. Box 3075, DeSoto, Texas 75123. There will be a 500-word essay later in the month of November 2018 to be submitted by email.**
6. **ESSAY:** The **Foundation will choose the Essay Subject.** The subject will be posted on the website ([harveymartindreamfoundation.com](http://harveymartindreamfoundation.com)) on **November 13, 2018. All essays should be completed and emailed to [mary.martin@harveymartindreamfoundation.com](mailto:mary.martin@harveymartindreamfoundation.com) by the DEADLINE date of Friday, November 16, 2018.**

**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  
[www.HarveyMartinDreamFoundation.com](http://www.HarveyMartinDreamFoundation.com)



## Harvey Martin Dream Foundation

*A Journey To A New World Of Hope Scholarship Program*

### APPLICATION

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 un-signed applications will not be considered.
3. Please submit only one application per applicant.
4. **DEADLINE** date for submission of application and all additional paperwork is **November 1, 2018**. ([www.harveymartindreamfoundation.com](http://www.harveymartindreamfoundation.com)).

**PLEASE MAIL ALL COMPLETED PAPERWORK TOGETHER**

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#### 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 GPA: \_\_\_\_\_ SAT Results: V \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ Total: \_\_\_\_\_

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

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**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)

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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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