



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. **EXTENDED DEADLINE** for the **Harvey Martin Dream Foundation Scholarship Application and additional paperwork to be completed and received by the foundation is Friday, December 21, 2018. Mailing address: P. O. Box 3075, DeSoto, Texas 75123. There will be a 500-word essay in the month of February 2019 to be submitted by email.**
6. **ESSAY:** The **Foundation will choose the Essay Subject.** The subject will be posted on the website (harveymartindreamfoundation.com) on **Friday, February 15, 2019.** Email completed essay to mary.martin@harveymartindreamfoundation.com by the **EXTENDED DEADLINE date of Friday, February 22, 2019.**

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



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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. **EXTENDED DEADLINE** date for submission of application and all additional paperwork is **Friday, December 21, 2018**. (www.harveymartindreamfoundation.com).

PLEASE MAIL ALL COMPLETED PAPERWORK TOGETHER

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 _____



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)

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: _____

Office Use Only:

Received By: _____ Date: _____

Foundation's Disposition:

Review Date: _____ Disposition: _____

Executive Director's Signature: _____
