April 11, 2018

Dear Family,

We would like to take this opportunity to invite you and your college age child to apply for a scholarship from the Arms Wide Adoption Services (formerly Spaulding for Children) Holland Scholarship Endowment Fund. Attached are the guidelines and the application form. All applications are due no later than April 25, 2018.

As many of you know, most children adopted or placed in foster care in Texas are eligible for a full tuition or fee waiver at any Texas state funded college, junior college or trade school. While eligibility for the Arms Wide Adoption Services scholarship program is still limited to those students who were adopted or are in foster care through Arms Wide/Spaulding for Children's or Christian Child Help Foundation's special needs program, it is also limited to those students who are seeking higher education who are not eligible for the state program at a private or out-of-state college, or university, or trade school. The aim of the scholarship is to assist those adopted/foster care children who will not be able to participate in the state welfare program. Guidelines for the scholarship are attached.

If you have a child or children who meet the guidelines of the scholarship for the school year beginning fall of 2018 and are in need of scholarship assistance, please take a few minutes to read the enclosed scholarship guidelines. If you have any questions, please call Shelly Webster at (713) 681-6991 x161 during regular business hours. The Scholarship Committee will notify all applicants of their decision by May 4, 2018.

Thank you for your interest and we look forward to hearing from you.

Regards,

Vikki Finley President and CEO

ARMS WIDE ADOPTION SERVICES DAVID AND JACQUE HOLLAND SCHOLARSHIP GUIDELINES AND INSTRUCTIONS

PURPOSE:

The purpose is to financially assist applicants who are presently in foster care through Spaulding for Children dba Arms Wide Adoption Services, applicants who were adopted through Christian Child Help Foundation's special needs adoption program, or through Spaulding for Children/Arms Wide Adoption Service's special needs adoption program who are seeking higher education (undergraduate or graduate) at a college, university, or trade school. In addition, the purpose is to financially assist applicants who do not qualify for state tuition and fee waiver with tuition at state and private schools, as well as applicants from out-of-state who meet the above criteria.

ELIGIBILITY:

- 1. An applicant adopted or in foster care placement through Spaulding for Children/Arms Wide Adoption Service's or Christian Child Help Foundation's special needs adoption program.
- 2. A student who has applied to or is currently enrolled in an accredited college, university, or trade school. If currently enrolled in a college or university, student must maintain a minimum 2.0 grade point average and be working towards a certification, or bachelor's or higher degree.
- 3. A student who has completed high school with a minimum 2.0 grade point average or achieved a G.E.D.
- 4. The State of Texas has established eligibility for state tuition and fee waivers. Currently, only students who were adopted out of the foster care system in the State of Texas, received adoption assistance (subsidy) and Medical assistance (Medicaid) or students in foster care, qualify for the state tuition and fee waiver. Students who do not meet the criteria for state tuition and fee waiver, or who are enrolled or plan to enroll in a private or out-of-state college or university and meet all other eligibility requirements may apply for the scholarship. Students who meet the tuition waiver requirements and who are planning to attend a state supported higher education institution do not qualify for this scholarship.
- 5. An applicant who has demonstrated the ability to be successful in the program that they have chosen.
- 6. An applicant who is willing to be an Ambassador for special needs children.

REQUIREMENTS:

Fill out application completely (typed if possible).

- 1. Submit most recent official transcript(s) from <u>all</u> colleges, universities and high schools attended.
- 2. Submit at least three completed recommendations from **non-family** members, including a minimum of two from teachers who have knowledge of student's ability. If necessary, community contacts may be substituted for teacher's recommendations.
- 3. Submit at least one completed recommendation from a parent or guardian.
- 4. Attend a personal interview with the selection committee, if needed.
- 5. A scholarship recipient may be eligible for up to two years of scholarship funding per application. Scholarship payments will be disbursed on a term-to-term basis, subject to the student maintaining a minimum 2.0 grade point average. Documentation of performance and enrollment must be provided following the completion of each term in order for the scholarship to be continued. The amount of the scholarship awarded should be reasonable when compared with similar tuition and fee schedules at the University of Houston.
- 6. Mail application, due by April 25, 2018 to:

Vikki Finley, President and CEO Arms Wide Adoption Services 6925 Portwest Drive, Suite 110 Houston, Texas 77024 Email: vfinley@armswide.org

7. For questions, please contact Shelly Webster at (713) 681-6991 x161

FUNDS AVAILABILITY:

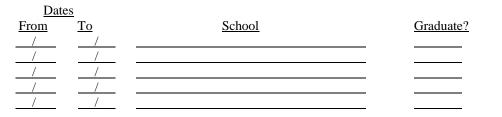
Arms Wide Adoption Services' ability to offer a scholarship is contingent upon sufficient investment earnings from the scholarship endowment. Applicants will be notified if earnings are not sufficient to award any scholarships this year.

ARMS WIDE ADOPTION SERVICES (formerly Spaulding for Children) DAVID AND JACQUE HOLLAND SCHOLARSHIP APPLICATION Due April 25, 2018

SECTION I. APPLICANT INFORMATION

1.	Name:		T /		T ' (
		(circle one)	Last		First	MI
2.	Address:				Street	
		City		State		Zip
3.	Telephone ()				cant is: (Must check one)
4.	Date of Birt	:h:				d through SFC/AWAS in
					□ Was adopte	ed through CCHF in (yr)
5.	Parent/Guar	dian Information	:		-	(yr)
	Name:					
					-	
	Address				_	
6.	Telephone:	Home				
		(<u>)</u> Work			_	
SE	CTION II. E	DUCATION				
1.	If you are in	high school, ple	ase indicate the co	llege or university t	o which you hav	e applied.
					_Accepted? (Y/N	[)
2.	College or U	Jniversity you ar	e currently attending	ng or expect to atter	nd:	
				City:		
Da	te entered or e	expected to enter	:			
Fu	ll or part-time:	:				
Ex	pected gradua	tion date:				
Ex	pected Degree	(college only):				
Cu	nem OPA:					

3. High schools or colleges previously attended:



SECTION III. ESTIMATED ANNUAL SCHOOL EXPENSES

- 1. Tuition and Fees
- 2. Books and Materials
- 3. Room and Board
- 4. Lunches and travel for commuting students
- 5. Personal and recreation
- 6. Other
- 7. Total

SECTION IV. CURRENT AND FUTURE PLANS

1. Attach a short summary explaining your education/career plans. Include why you want to be considered for the Holland Scholarship.

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SECTION V. APPLICANT'S STATEMENT

In submitting this application, I hereby certify that:

- A. I am or will be an undergraduate student or graduating high school senior who meets the eligibility requirements described in the instructions.
- B. I am applying for this scholarship for the purpose of beginning or continuing my college studies.
- C. I will use the proceeds of any scholarship received from or through Arms Wide Adoption Services for the payment of tuition or fees.
- D. I will be an ambassador for special needs children by encouraging others to seek higher education, attending an event for presentation of the scholarship and reporting on results of my studies.
- E. The information submitted in this application is complete and correct. I agree to inform Arms Wide Adoption Services of any changes in my circumstances that would affect this scholarship.
- F. I am including an OFFICIAL TRANSCRIPT for all colleges, universities or high schools attended.
- G. I understand that any refund by the college or university of tuition and fees paid with Arms Wide Adoption Services scholarship funds must be returned to Arms Wide Adoption Services.

Student Signature

Date

Parent/Guardian Signature

ARMS WIDE ADOPTION SERVICES DAVID AND JACQUE HOLLAND SCHOLARSHIP TEACHER/PARENT RECOMMENDATION

1.	Name: Mr. Ms.			
		Last	First	MI
2.	Address:			
			Street	
		City	State	Zip
3.	Telephone: ()			_
4.	Relationship to student:			_
5.	Length of time you have			

6. Consider this student's interests, abilities, work habits, educational and career goals. What is your estimate of the chances that the student will be successful in the chosen program? Please give your reasons for your estimate.

7. Why do you think the student should be considered for a Holland Scholarship?

Signature

ARMS WIDE ADOPTION SERVICES DAVID AND JACQUE HOLLAND SCHOLARSHIP TEACHER/PARENT RECOMMENDATION

1.	Name: Mr. Ms.			
		Last	First	MI
2.	Address:			
			Street	
		City	State	Zip
3.	Telephone: ()			_
4.	Relationship to stud	ent:		_
5.	. Length of time you have known the student:			_

- 6. Consider this student's interests, abilities, work habits, educational and career goals. What is your estimate of the chances that the student will be successful in the chosen program? Please give your reasons for your estimate.
- 7. Why do you think the student should be considered for a Holland Scholarship?

Signature

ARMS WIDE ADOPTION SERVICES DAVID AND JACQUE HOLLAND SCHOLARSHIP TEACHER/PARENT RECOMMENDATION

1.	Name: Mr. Ms.			
		Last	First	MI
2.	Address:			
			Street	
		City	State	Zip
3.	Telephone: ()			_
4.	Relationship to stude	ent:		_
5.	. Length of time you have known the student:			_

- 6. Consider this student's interests, abilities, work habits, educational and career goals. What is your estimate of the chances that the student will be successful in the chosen program? Please give your reasons for your estimate.
- 7. Why do you think the student should be considered for a Holland Scholarship?

Signature

ARMS WIDE ADOPTION SERVICES

DAVID AND JACQUE HOLLAND SCHOLARSHIP TEACHER/PARENT RECOMMENDATION

Name: Mr. Ms.			
	Last	First	MI
Address:			
		Street	
	City	State	Zip
Telephone: ()	_		
Relationship to student:	_		
. Length of time you have known the student:			_
	Address: Telephone: () Relationship to student:_	Last Address: City Telephone: () Relationship to student:	Address:Street

- 6. Consider this student's interests, abilities, work habits, educational and career goals. What is your estimate of the chances that the student will be successful in the chosen program? Please give your reasons for your estimate.
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Signature