

Message from the Founder

Dear Applicant,

ScholarCHIPS – college scholarships for children of incarcerated parents – raises college dollars for graduating high school seniors with an incarcerated parent(s) or immediate family member(s) in prison who has served as the applicant’s primary caregiver. We understand that having an incarcerated loved one can often negatively impact your life. We do not discriminate on the basis of race, gender, religion, national origin, sexual orientation or background.

Each year, ScholarCHIPS gives \$2,500 scholarships or \$250 book awards to its awardees in their freshman year of college, and these awards are potentially renewable for up to three additional years of undergraduate education, as long as the student maintains at least a 2.5 grade point average (GPA). But the program does more than award college dollars. We also provide mentoring for students individually and via our Annual College Life Skills Conference. In addition, awardees are offered opportunities to attend plays and other cultural events at no charge.

Please review the attached eligibility requirements and application carefully. Completed applications for the 2019-2020 academic year must be **postmarked by March 31st, 2020 or contact us if you need an extension by 3/31.**

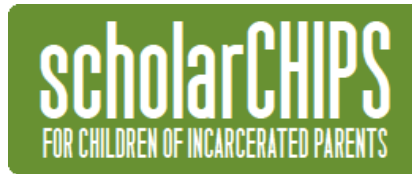
Please send all application materials to:
ScholarCHIPS, Inc.
P.O. Box 56404
Washington, DC 20040

For additional program information, please go to our website at www.scholarchipsfund.org. For questions about the application, please contact the ScholarCHIPS team at scholarchipsfund@gmail.com.

We look forward to receiving your application!

Sincerely,

Yasmine Arrington
Founder & Executive Director



ScholarCHIPS Eligibility Requirements

Please review the requirements below to ensure that you qualify.

The applicant:

- Must be a graduating high school senior with plans to pursue higher education (including an accredited four-year college or university, community college, technical or vocational school)
- Must be personally affected by having an incarcerated parent(s) or an immediate family member(s) in prison who has served as the applicant's primary caregiver
- Must have a minimum high school GPA of 2.0
- Must live in one of the following jurisdictions in the Washington, DC Metropolitan Area:

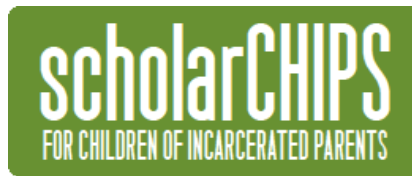
DISTRICT OF COLUMBIA – Washington, DC

MARYLAND – Prince George's County or Montgomery County

VIRGINIA – Arlington County, Fairfax County, the City of Alexandria, or the City of Falls Church

- Must intend to be enrolled at least half-time in college
- May be living on his or her own and/or have children of his or her own

NOTE: We welcome you to apply whether your parent or other immediate family primary caregiver is currently incarcerated or was formerly incarcerated. We recognize that each person's time served will vary. You will have the opportunity to explain how their incarceration has had an impact on you in the essay portion of the application.



ScholarCHIPS Application Instructions

To apply, please mail an application package that includes the following information:

- Completed ScholarCHIPS Application and Personal Background (typed or legibly printed)
- Completed answers to all ScholarCHIPS Application Questions
- A current resume or brag sheet
- An official high school transcript (including senior year report card)
- Completed ScholarCHIPS References Form with name, relationship and contact information for writers of recommendation letters
- Three (3) recommendation letters from the following:
 - One (1) high school official (teacher, counselor or principal) who is familiar with the applicant's academic history and ability to matriculate through college
 - One (1) community member who is familiar with the applicant's good citizenship and community involvement
 - One (1) personal reference of the applicant's choice who should be able to discuss the applicant's leadership abilities, strengths and accomplishments

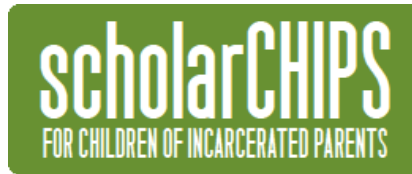
****Please note that family members may not serve as references.**

- Signed ScholarCHIPS Consent Form
- Proof of financial need (FAFSA report)
- College or university acceptance letters for the 2020-2021 academic year (please provide acceptance letters with your application or as soon as possible thereafter; applicants for whom acceptance letters do not reach the Application Review Committee in time for the review process may be deemed ineligible)
- Proof of parent's or immediate family member's incarceration (includes incarcerated relative's name, prison name, inmate identification/register number and a copy of the Inmate Locator website page, if available, for each inmate)
- Copy of applicant's birth certificate
- A final high school transcript and proof of college enrollment (at least half-time) will be requested by the Application Review Committee before award funds are disbursed

A completed application includes all required documents and must be **postmarked by March 31st, 2020** or **contact us if you need an extension by 3/31**. You may also be contacted for an interview.

Please send all application materials to:

ScholarCHIPS, Inc.
P.O. Box 56404
Washington, DC 20040



ScholarCHIPS Application

Applicant Name (First Middle Last) _____

Gender _____ Ethnicity _____

Permanent Address _____

Phone Numbers (Home) _____ (Cell) _____ (Caregiver) _____

Email Address _____

Place of Birth _____ Date of Birth _____

High School _____ Graduation Date _____ GPA _____

Please circle the jurisdiction in the Washington, DC Metropolitan Area where you reside (please **circle only one city or county**, not the state):

DISTRICT OF COLUMBIA – Washington, DC

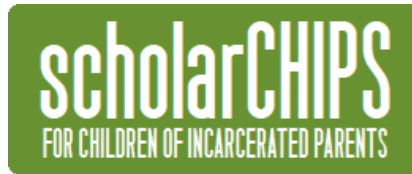
MARYLAND – Prince George’s County or Montgomery County

VIRGINIA –Arlington County, Fairfax County, the City of Alexandria, or the City of Falls Church

List school(s) applied/accepted to _____

Other scholarships awarded (indicate amount) _____

REQUIRED: Please attach your current resume or brag sheet that includes: Current school activities, community activities, honors/awards/recognitions, and employment experiences.



Personal Background

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Name of Guardian/Adult Who You Live With & Their Relationship to You

Number of Applicant's Siblings _____ Ages _____

Number of Applicant's Children _____ Ages _____

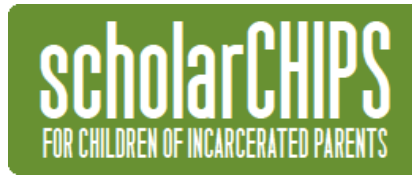
Are you independent of your parents? _____

Do you have a parent or other immediate family primary caregiver who is currently incarcerated or was formerly incarcerated? _____

Who (please give their name) in your family is/was incarcerated and what is their relationship to you? Did he/she/they live with you, and if so, for how long? _____

How long and in what institution is/was your incarcerated family member being held? Please include city and state. _____

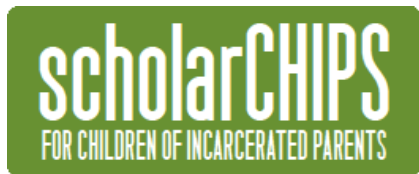
Please provide the inmate identification/register number(s) of the incarcerated family member(s) listed above and a copy of the Inmate Locator website page, if available, for each inmate. _____



ScholarCHIPS Application Questions

Please type or print legibly on separate sheets of paper, and please abide by the essay length requirements.

1. How has your parent's or other immediate family primary caregiver's incarceration impacted you financially, emotionally, mentally, academically, or physically? Has his/her/their incarceration kept you from reaching any of your goals? If so, in what way? (300 to 750 words)
2. Please name one accomplishment that you are proud of and explain why. (500 words or less)
3. Why do you want to go to college, and what will a college education mean for you? (300 to 750 words)
4. Is there anything else that you would like to tell us? (Optional - 500 words or less)



ScholarCHIPS References Form

Please provide contact information for each of your references. Please include your recommendation letters in your application package.

1. High School Official

Name _____
Organization _____ Relationship/Position _____
Mailing Address _____
Phone Number(s) _____
Email _____

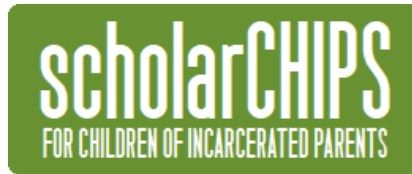
2. Community Member

Name _____
Organization _____ Relationship _____
Mailing Address _____
Phone Number(s) _____
Email _____

3. Personal Reference

Name _____
Organization _____ Relationship _____
Mailing Address _____
Phone Number(s) _____
Email _____

NOTE: Family members may not serve as references.



ScholarCHIPS Consent Form

I, _____, agree that if I become a recipient of a college scholarship or book award from ScholarCHIPS, Inc., the organization has my permission to utilize my name, photograph, and story to publicize my accomplishments, as well as to promote the organization itself. I further agree that I am comfortable sharing my story, and I am willing to serve as an inspiration for others like me.

I understand that I am expected to follow through with my educational goals after receiving this award and that I will not hesitate to ask for assistance. I understand that as a requirement for continued financial support, I must maintain at least a 2.5 grade point average (GPA). I am also expected to attend the Annual Awards Ceremony where I am initially awarded; the Annual College Life Skills Conference that is held in November of each year; meetings with my mentor; cultural events (optional); and other gatherings through which the organization provides mentoring and enrichment to benefit me.

I certify that all of my responses in this application are true and accurate. In addition, I agree that the Application Review Committee may contact me for interviews.

I further agree that if I am awarded a college scholarship or book award from ScholarCHIPS, Inc., I will use all funds received for educational purposes.

Signature of applicant _____ Date _____

Signature of parent/guardian _____ Date _____

If applicant is under 18 years old

NOTE: Students who are under 18 years of age are required to obtain consent from their parent or guardian to participate in this program. If your parent or guardian does not sign this consent form, your application will not be considered.