



Community Service Scholarship in Memory of Juana Osorio Criteria and Requirements

1. Applicant must be a senior in high school in the Merrimack Valley Area who exemplifies community service and plans to attend a two or four-year college.
2. Applicant must have a minimum high school cumulative GPA of a B (3.0).
3. Application **must not** reference student's name other than in the information section, the official school transcript, and the letters of recommendation. **If name appears on any other document, the applicant will be automatically disqualified for the scholarship. This includes resumes but NOT letters of recommendations or transcripts.**
4. If applying for other Get There, Start Now scholarships, **do not use the same essay.**
5. Recipient **must show letter of acceptance** from the school they plan to attend in order to receive funds. College acceptance letter is not required to apply for scholarship.
6. Application must be **postmarked by March 15, 2019.**
7. Recipients will be notified by April 26, 2019.
8. Use this checklist to ensure all application criteria and deadlines are met:
 - Completed and signed application form
 - Completed long essay
 - Resume
 - Official* sealed school transcript
 - Two *official* letters of recommendation; one from a teacher and one pertaining to involvement in the community.

P.O. Box 1184, Lowell MA 01853 Phone: 978-987-8975 Email: info@gtsn.org

www.gtsn.org



Community Service Scholarship in Memory of Juana Osorio Application

I, _____ have fully read and understood the criteria and requirements for submitting an application to the Get There, Start Now as described on page one (1) of this application. If additional information is required by the foundation, I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration of this scholarship. I understand that this application will be reviewed by the scholarship committee during the selection process. I waive the right to access letters of recommendation written on my behalf. I hereby certify that the information I have submitted is true and accurate to the best of my knowledge.

Parent(s)/Guardian(s) Printed Name (If applicable)

Parent(s)/Guardian(s) Signature

Applicant's Signature

Mail completed application, postmarked no later than **March 15, 2019** to:

Get There, Start Now
P.O. Box 1184
Lowell, MA 01853



Legal Name:

First Name

Middle Initial

Last Name

Mailing Address:

Street

City

State

Zip

Email Address:

Phone #: Home _____ Alternate _____

School:

Name of School

Address

City

Phone

Current GPA: _____

List Previous Schools Attended (Name and Address):

NOTE: Applicant must not reference his or her name below this line. If name appears on any page other than the previous information page, the applicant will be disqualified.



