



# Y.O.U.T.H. Friendship Foundation Inc.

## Annual Scholarship Awards Application



### Instructions for completion of application

1. All blanks must be filled in. If information is not applicable, write N/A in the blank.
2. Application must be signed and dated.
3. Information must be completed and accurate.
4. Applicants should be prepared to verify family income and other financial aid upon request.

### APPLICANT'S INFORMATION

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you an American Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
Street Number and Name      City, State, and County

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### PARENT OR GUARDIAN INFORMATION

#### Parent or Guardian Name and Address:

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_

#### Parent or Guardian Occupation and Annual Income:

Father \_\_\_\_\_ \$ \_\_\_\_\_

Mother \_\_\_\_\_ \$ \_\_\_\_\_

Guardian \_\_\_\_\_ \$ \_\_\_\_\_

Number of school-age children in home \_\_\_\_\_

Please list financial aid other than family support which you will be receiving. Examples – Scholarships, Grants, etc.

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## EXTRACURRICULAR & COMMUNITY AFFAIRS

## **In which extracurricular activities and community affairs have you been active with since high school?**



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### **APPLICANT CAREER STATEMENT**

**What are your career objectives and future aspirations?  
Please ensure your responses do not exceed 300 words.**



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### **APPLICANT SIGNATURE PAGE**

Applicant Name \_\_\_\_\_

Proposed Graduate Department or Program \_\_\_\_\_

Major/Degree \_\_\_\_\_

I agree that the recommendation I am requesting shall be held in confidence by the Board of Directors of the Y.O.U.T.H. Friendship Foundation, Inc., and hereby waive any rights I may have to examine it.

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**MAIL TO:**  
**Board of Directors**  
**Y.O.U.T.H. Friendship Foundation, Inc.**  
**P.O. Box 1364**  
**Madison, AL 35758**



# **Y.O.U.T.H. Friendship Foundation Inc.**

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Please provide this page to your High School Counselor or Administrator

### **Attn: High School Counselor or Administrator**

The student named below has applied for a Scholarship from the Y.O.U.T.H Friendship Foundation, Inc. Please assist us in making our selection by providing the information below by the designated deadline. In addition, we would appreciate any comments that you consider appropriate in the space provided below.

Name of Applicant \_\_\_\_\_

College Accepted \_\_\_\_\_

College Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Please check one:

What is the applicant's individual rank (exact or approximate) in his or her class?

Upper 5%

Upper 10%

Upper 25%

N/A

How would you rank the applicant's chances for scholastic success at a higher learning institution?

Excellent

Good

Fair

Additional Comments:

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Signature \_\_\_\_\_

Position/Title \_\_\_\_\_

**The High School Counselor or Administrator must mail this page and official transcript to the address below for the students' application to be complete.**

**MUST BE RECEIVED AND POSTMARKED BEFORE MARCH 16th**

**MAIL TO:**  
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## RECOMMENDATION LETTERS (3)

## **NOTE TO APPLICANT:**

Please provide three letters of recommendation to be submitted with this packet. Two letters must be from individuals who have no family ties, and the third letter must be from a high school counselor or administrator. The recommender can use this page and complete in the space below, or a letter can be typed.

## **NOTE TO RECOMMENDER:**

We would appreciate your assessment of the applicants in the following areas: Personality, Character, Professionalism, how long and what capacity have you known the applicant, known scholarships, and assessment of strengths/weaknesses. Please complete the space below, or a letter can be typed.

**TO BE COMPLETED BY THE RECOMMENDER:**

**Recommender Name**

**Position Title** **Work Number**

**Signature** \_\_\_\_\_



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### **Items to Remember**

- Ensure to mail Pages 1-4 for a complete application packet. In spaces that are not applicable, please write N/A. It is important to make sure your application is signed on page 4.
- Three recommendation letters must be provided in your packet. Two recommenders should be from someone who has no family ties. The third recommender should be a high school counselor, administrator, or teacher.
- If the recommender typed a recommendation letter, ensure it is included in packet.
- Remind your High School Counselor or Administrator to complete page 5 and mail to the address listed along with your official transcript. This must be received and postmarked **NLT March 16, 2026**.
- The deadline for submission of the scholarship packet and all documentation must be postmarked **NLT March 16<sup>th</sup>, 2026**.
- If awarded a scholarship, it will be credited to the student account when the student is admitted to a college or university.

**MAIL TO:**  
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**Madison, AL 35758**

**Should you have questions please email Mr. Patrick Buford**  
**[patbee35@gmail.com](mailto:patbee35@gmail.com)**