

# EESD Scholarship Application

The EESD Leadership Scholarship Award, Inc.

## INSTRUCTIONS FOR COMPLETING APPLICATION

Application is to be completed by applicant. Please **apply online** or print, type or write clearly, and attach the following documents to the completed application.



[Click HERE to Apply Online!](#)

1. Three letters of recommendation required: • One from a teacher, one from a counselor, and one personal reference (e.g. pastor, coach, employer).
2. An essay (500 word minimum) on why you feel you should receive this scholarship
3. A copy of your transcripts
4. A recent photograph (email a digital copy to [EESDapp@gmail.com](mailto:EESDapp@gmail.com); & attach a hard copy and send with this application if by mail) Portrait, high-quality photos preferred.

Send completed application with attachments to:

EESD Scholarship Foundation

3863 King Edward Trail, SW

Atlanta, GA 30331

Scan & email all documents & photo to [EESDapp@gmail.com](mailto:EESDapp@gmail.com) before mailing. Download Genius Scan on your phone or mobile device from the app store. Take a picture and email directly from the app for free. Converts documents to PDF easily.



More information: <https://youtu.be/wJQepOna3n4>

***Application deadline: March 22, 2019***

# EESD Scholarship Application

*Please type or print clearly.*

Applicant Name: \_\_\_\_\_ email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Are you currently Employed?

(X) \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of current or last employer (if applicable): \_\_\_\_\_

Will applicant be receiving other scholarships?

(X) \_\_\_\_\_ Yes \_\_\_\_\_ No

Source(s): \_\_\_\_\_ Academic \_\_\_\_\_ Athletic

## **Educational Institution Applicant is now attending:**

Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Rank in class: \_\_\_\_\_ Graduation Date (mm/dd/yy) \_\_\_\_\_

## **Educational Institution in which enrollment is desired:**

Institution's Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Course of study: \_\_\_\_\_ Degree sought: \_\_\_\_\_ Date term begins: \_\_\_\_\_

EESD Scholarship Foundation ♦ [www.eedscholarship.org](http://www.eedscholarship.org) ♦ 3863 King Edward Trail, SW ♦ Atlanta, GA 30331

**Complete Application OR Mail & email ([EESDapp@gmail.com](mailto:EESDapp@gmail.com)) completed**

***application along with required documents &  
(3 recommendation letters, 500 word essay, transcripts, & photo) before  
application deadline of March 22, 2019.***