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**Community Service Scholarship Application**

| Applicant Information |
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| Name: | Gender: |
| Current School: | Current Grade:(12th Grade, College Year) |
| Email: | Phone: |
| Address (Street, City, Zip): |
| Name of Ascend Parent/Guardian:  | Ascend Location: |
| Name/Location of the school you (will) attend: |
| What field of study will you pursue? |

**Community Service:**

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| --- | --- | --- | --- |
| **Organization** | **Description of Service** | **Contact & Phone No.** | **Date(s) Served** |
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Please continue on a separate sheet if needed and attach signed record keeping forms.

**Required Documentation:**

The following documentation must accompany your application. Applications missing required documentation will not be considered.

* A total of 2 references from any of the following:
	+ Teacher, counselor, school administrator,
	+ Community organization leader or sponsor
* Copy of signed record keeping forms associated with community service.

Transcripts showing good academic standing must be received directly from the school.

* + Mail to Ascend Performance Materials, Ascend Scholarship Program, Attn: Rachell Gold, 1010 Travis Street, Suite 900, Houston, Texas 77002
	+ Transcripts must be received directly from the school not later than May 15, 2018.

**Essay:**

Please provide a 500-word written essay about a community service experience that impacted your life, how it inspired your dedication to community service, and what you will do in the future to inspire others to serve the community. Although not required, if you wish to provide additional materials (video, pictures, programs, etc.) that illustrate your experience, please feel free to include them with your essay.

**Prior Applicants**

Prior Ascend Cares scholarship recipients are eligible to re-apply for a scholarship provided that a new essay is submitted and community service has been continued since receiving last scholarship.

**Financial Need:**

Please state your financial need for the Ascend Cares Community Service Scholarship.

(Please continue on a separate sheet if needed.)

In signing this application, under penalty of perjury, I declare, to the best of my knowledge and belief, the above stated information is true and correct. Additionally, I authorize the Ascend Cares Foundation to provide the information set forth herein to scholarship judges working on behalf of the Ascend Cares Foundation.

Scholarship Applicant: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarship Applicant: (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ascend Employee Parent/Legal Guardian: (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ascend Employee Parent/Legal Guardian: (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**APPLICATION DEADLINE:**

**May 15, 2018**

**QUESTIONS:**

**713.315.5768**

**rhgold@ascendmaterials.com**

**SEND APPLICATION VIA**

**E-MAIL OR POSTAL SERVICE:**

**E-MAIL**

**rhgold@ascendmaterials.com**

**POSTAL SERVICE**

**Ascend Performance Materials**

**Scholarship Program**

**Attn: Rachell Gold**

**1010 Travis Street, Suite 900**

**Houston, Texas 77002**