



**Darnell Deas, Jr., Marvelous Light Foundation, Inc.
SCHOLARSHIP PROGRAM 2019 APPLICATION FORM**

Deadline: This application form and all other required documentation must be received by May 15, 2019 (5:00 p.m. eastern time). Mail to: Darnell Deas, Jr., Marvelous Light Foundation, Inc., 1478 Walnut Creek Dr., Fleming Island, FL 32003. Questions? Call (904) 716-3674 (8 a.m. – 5 p.m. weekdays) or e-mail: djdeasmarvelouslightfoundation@gmail.com Website: <http://www.djdeasmarvelouslightfoundation.com/>

Required fields are indicated by an asterisk (*).

Eligibility: Students must meet these criteria to be eligible. Please initial.

1. ____* I confirm that I a 2.5 GPA.
2. ____* I live in the United States (includes Washington, DC, and Puerto Rico).
3. ____* I will be attending a college in the United States in the fall of 2019.
4. ____* If chosen for a scholarship, I will attend a mental health or suicide prevention walk and be trained in mental health first aid.

5. ***Name:**

a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called?

6. ***Home address:** The Darnell Deas Jr., Marvelous Light Foundation, Inc. is restricted to residents of the 50 states of the United States of America, the District of Columbia, and Puerto Rico.

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

7. ***Primary telephone:** (_____) _____

8. **Secondary telephone:** (_____) _____ **Extension:** _____

9. **E-mail:** _____

10. *Date of Birth (MM/DD/YYYY): _____ / _____ / _____

12. *What school do you currently attend?

*Name: _____

*City: _____ *State: _____ *ZIP: _____

Phone number: (_____) _____

*What is your current GPA? _____

13. **Required for high school students only—college admission composite test score(s).** Attach photocopies of all score reports.

ACT _____ SAT _____

Other: _____

14. *What college will you attend in 2019-2020? (If undecided at present, send the school's name, city, and state to us before March 15, 2019.)

14 a. Name: _____

City: _____ State: _____, or,

14 b. **Undecided. Colleges under consideration are:** _____

15. *Classification in fall semester 2019: _____

(freshman, sophomore, junior, senior, graduate, PhD candidate, postgraduate)

16. *What degree(s) are you pursuing?

17. *What profession or field of employment do you wish to enter with your college degree?:

18. *Anticipated year of college graduation: _____

19. List any other postsecondary institutions you have attended:

19a. Name: _____

City: _____ State: _____ Years: _____

20. *The Essay:

How do you think the pressure of social media, sports, parents and education effects the mental health of adolescents, teens and young adults in todays' society?

Attach your essay to this form. The essay is limited to no more than 1,000 words, two print pages (approximately 6,000 characters). Recommendation: Carefully proof your essay and know that well-done short essays are admired.

21. *Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____