

Social Security# _____

Name _____

First

Middle

Last

\$3,000

MICHAEL J. BERKELEY FOUNDATION SCHOLARSHIP APPLICATION 2008-2009

The Michael J. Berkeley Foundation is a charitable organization established in 2001 to memorialize the life of Michael J. Berkeley who tragically perished on September 11, 2001 in the World Trade Center attacks. Michael's legacy included a passion for golf, a zest for life, a thirst for knowledge, a belief in helping others, a drive for business success, and a love of family.

The mission of the Foundation is to assist deserving minority youth in realizing their highest potential in the sport of golf, whether through education, business ventures, or a professional golf career. The Michael J. Berkeley Foundation Scholarship is awarded annually to gifted students of color who personify Michael's legacy.

THE APPLICATION

Applications must be postmarked by May 1, 2008 for scholarships awarded during the 2008-2009 academic year. The scholarship committee will review all qualifying applications and select final candidates on the basis of eligibility, quality of application, interest in the sport of golf, commitment to leadership and financial need. **Finalists will be contacted by July 1, 2008.** All finalists will be interviewed by members of the Michael J. Berkeley Foundation Scholarship Committee. **Scholarship recipients will be announced by August 15, 2008.**

THE ELIGIBILITY PROCESS

Scholarships are awarded for one academic year to undergraduate students at an accredited college or university. **Scholarship recipients must be full-time, undergraduate students during the 2008-2009 academic year.** The \$3,000 scholarship payment will be made to the recipient's designated school and is not transferable to another institution. Scholarship funds are to be used for education related expenses only.

Complete the application form fully, and legibly. Please print or type. Incomplete applications will not be considered. Be sure to include your name and social security number at the top of all accompanying documents. If any additional pages are required to complete your application, please be sure to write your social security number and name at the top of each additional page.

Board members, family members, and volunteers of the Michael J. Berkeley Foundation are not eligible for consideration.

A parent /guardian's signature is required on indicated forms if the applicant is under 18 years of age. Please submit the following documents with your completed application form:

- Official School Transcript.
- Acceptance Letter and/or Proof of Enrollment for fall 2008.
- A signed Authorization for Release of Information & Background Check.
- Two Letters of Recommendation on letterhead stationery. The Letter of Recommendation envelope must be sealed with the writer's signature over the sealed flap of the envelope.
- Two written essays.
- A digital photograph; minimum 250 dpi quality.

Please submit questions relating to the Michael J. Berkeley Scholarship to Michael J. Berkeley Foundation, Scholarship Committee, P.O. Box 724, Mount Kisco, New York 10549, by telephone at (914) 244-1668 or via e-mail at scholarships@mikebfoundation.org. Applications sent via express mail courier (e.g., FedEx, UPS) should be mailed to Michael J. Berkeley Foundation, Scholarship Committee, 28 High Ridge Road, Mount Kisco, New York 10549. Please visit our website at www.mikebfoundation.org for more information.

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I. PERSONAL INFORMATION (type or block print only)

Last Name _____ First Name _____ Middle Initial _____

Nickname _____ Soc. Sec. # _____

Date of Birth _____ Gender: FEMALE MALE U.S. Citizen: YES NO

Place of Birth _____ Country of Citizenship _____

If you are a foreign national in the U.S., please give your visa status _____

Permanent Mailing Address _____

Number & Street

Apartment

City _____ State _____ Postal/Zip Code _____ Country _____

E-Mail _____

Telephone () _____ Mobile () _____
Area Code Area Code

Current Mailing Address _____

Number & Street

Apartment

City _____ State _____ Postal/Zip Code _____ Country _____

Telephone () _____ Mobile () _____
Area Code Area Code

How should we contact you between June 1 and September 1, 2008?

E-mail _____ Telephone () _____
Area Code

Address _____

Number & Street

City

State

Postal/Zip Code

Have you ever been convicted of a felony? YES NO

If yes, please explain _____

Please indicate your ethnic origin (optional) _____

How did you hear about the Michael J. Berkeley Scholarship?

School Our Website Previous Scholarship Winner

Other (Please describe) _____

Have you previously applied for this Scholarship?

Yes No

If yes, in what year(s)? (Check all that apply) 2003 2004 2005 2006 2007

Clip a digital photo (minimum 250 dpi) here

(Please print your full name on the back of the photo)

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II. EDUCATION

- Have you attended college prior to academic year 2008-2009? Yes No
- Will you be returning to the same college/university in 2008-2009? Yes No
- Have you been officially accepted/enrolled as a full-time student for academic year 2008-2009? Yes No
(If yes, include acceptance letter and/or proof of enrollment)

A. College or University attending during academic year 2008-2009

School Name _____ Expected Graduation Date ____/____/____ Degree _____
Month/Year

School Address _____
Number & Street City State Zip/Postal Code

School Telephone _____ School Fax _____

Contact _____ Title _____ Telephone (____) _____
Area Code

Major _____ Minor _____ 2nd Major (if applicable) _____

Cumulative G.P.A. _____ out of _____ after _____ Semesters _____

B. College or University attended prior to academic year 2008-2009 (if applicable)

School Name _____ Start Date ____/____/____
Month/Year

School Address _____
Number & Street City State Zip/Postal Code

School Telephone (____) _____ School Fax (____) _____
Area Code Area Code

Contact _____ Title _____ Telephone (____) _____
Area Code Area Code

Major _____ Minor _____ 2nd Major (if applicable) _____

Cumulative G.P.A. _____ out of _____ after _____ Semesters; End Date ____/____/____
Month/Year

C. High School

School Name _____ Location _____
City/State

Graduation Date: ____/____/____ Cumulative GPA/Scale: ____/____ Final Class Rank _____
Month/Year

III. ATHLETICS, EXTRACURRICULAR & EMPLOYMENT INFORMATION

A. Athletics (Please provide information on your competitive athletic career and team memberships)

<u>SPORT</u>	<u>SCHOOL/ORGANIZATION</u>	<u>ACADEMIC YEAR(S)</u>	<u>AVERAGE HOURS PER WEEK</u>	<u>TEAM ROLE (I.E., CAPTAIN/RANK)</u>

B. Extracurricular (Please list school organizations, volunteer activities and extracurricular involvement below)

<u>ORGANIZATION</u>	<u>ROLE</u>	<u>START/END DATE</u>	<u>HOURS PER WEEK</u>

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C. Employment History (Please include summer internships and part-time work)

<u>COMPANY/ORGANIZATION</u>	<u>POSITION</u>	<u>START/END DATE</u>	<u>HOURS PER WEEK</u>	<u>SUPERVISOR</u>	<u>SUPERVISOR'S CONTACT INFORMATION</u>

IV. PERSONAL ACHIEVEMENTS

A. Awards, Commendations, Honors and Scholarships Received

(Please provide dates of award. Incoming undergraduate freshmen should include High School recognitions)

V. FINANCIAL INFORMATION

A. Actual 2007 and Estimated 2008 Annual Household Income

Please check the corresponding boxes.

<u>Income</u>	<u>Parents/Guardian</u>		<u>Applicant</u>	
	2007	2008	2007	2008
\$24,000 or less	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$25,000 - \$50,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$51,000 - \$75,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$76,000 - \$100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$100,000 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Applicant's Estimated Expenses for 2008 - 2009

Tuition \$ _____

Room & Board (include utilities) \$ _____

Books & School Supplies \$ _____

Meals \$ _____

Transportation \$ _____

Other (please describe) \$ _____

Other Financial Considerations _____

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VI. FAMILY INFORMATION

A. Mother/Guardian

Please check this box if parent/guardian is employed by a college or university that would provide scholarship applicant with free or reduced tuition.

Last Name _____ First Name _____ Middle Initial _____

Date of Birth ____ / ____ / ____ Soc. Sec. # _____

Home Address: _____
Number & Street _____ Apartment _____

City _____ State _____ Postal/Zip Code _____ Country _____

Telephone 1 () _____ Mobile () _____ Telephone 2 () _____
(Daytime) Area Code _____ Area Code _____ (Evening) Area Code _____

E-Mail _____

Employer _____ Position/Title _____

Contact Person _____ Telephone _____

Work Address _____
Number & Street _____ Apartment _____

City _____ State _____ Postal/Zip Code _____ Country _____

Annual Salary _____ Bonus _____

Other Income (Child support, alimony, other) _____

B. Father/Guardian

Please check this box if parent/guardian is employed by a college or university that would provide scholarship applicant with free or reduced tuition.

Last Name _____ First Name _____ Middle Initial _____

Date of Birth ____ / ____ / ____ Soc. Sec. # _____

Home Address _____
Number & Street _____ Apartment _____

City _____ State _____ Postal/Zip Code _____ Country _____

Telephone 1 () _____ Mobile () _____ Telephone 2 () _____
(Daytime) Area Code _____ Area Code _____ (Evening) Area Code _____

E-Mail _____

Employer _____ Position/Title _____

Contact Person _____ Telephone _____

Work Address _____
Number & Street _____

City _____ State _____ Postal/Zip Code _____ Country _____

Annual Salary _____ Bonus _____

Other Income (Child support, alimony, other) _____

C. Other Dependents

<u>Full Name</u>	<u>Relation to Applicant</u>	<u>Age</u>	<u>School/Grade</u>	<u>Financially Dependent (Y/N)</u>

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D. Applicant Status

1. Are you claimed as a dependent on your parent or guardian's 2007 federal income tax return?

Yes No If yes, by whom? _____

2. Do you file an independent tax return? Yes No

3. Please list the total number of dependents listed on your parents'/guardian's 2007 tax return _____

C. Scholarship, Awards, Grants, Financial Aid and Student Loans

Please list financial aid, student loans, and scholarships received in the 2007 - 2008 academic year (use additional pages if necessary).

Indicate financial awards, scholarships and grants expected for the 2008 - 2009 academic year (use additional pages if necessary).

Name & Aid Type (e.g. Pell Grant, MJB Foundation Scholarship)	Amount	Academic Year 2007 - 2008 (Yes/No)	Academic Year 2008 - 2009 (Yes/No)

Do you expect to receive a scholarship for full tuition, room, & board for the 2008-2009 academic year?

Yes No If yes, please describe _____

VII. ESSAYS (Please attach essays and remember to include your social security number and name at the top of each additional page)

#1. Compulsory Essay

What impacted you the most about Michael J. Berkeley's life/legacy per the website www.mikebfoundation.org and why?

#2. Please choose one of the following topics by placing an 'X' in the box and respond.

- How has your involvement in the sport of golf made you a better person?
- Who do you wish you were more like and why?
- Who or what has been the greatest influence in your life and why?
- What is the most important aspect of golf in your opinion and why?

VIII. APPLICANT'S AGREEMENT

I hereby acknowledge that all statements and information represented in this application are true to the best of my knowledge. I understand that any misrepresentation may result in the disqualification of my application and/or rescinding of the awarded scholarship. I authorize the Board of Directors, and members of the Scholarship Committee, to confirm any and all information provided in the application process. I understand that once submitted, I may not request that my application, or any of its contents, be returned to me.

Applicant _____ Social Security Number _____ Date _____

Parent/ Guardian Signature 1 _____ Social Security Number _____ Date _____

Parent/ Guardian Signature 2 _____ Social Security Number _____ Date _____

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MICHAEL J. BERKELEY FOUNDATION SCHOLARSHIP APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION AND BACKGROUND CHECK

I, _____, authorize you to release to the Scholarship Committee, and to
(Applicant)

the members of the Board of Directors of the Michael J. Berkeley Foundation, any and all records concerning my application for a scholarship award from the Michael J. Berkeley Foundation. Such information may include, but is not limited to, school transcripts, guidance department records, background check and verification of financial information contained in my application. My signature below and that of my parent/guardian, if necessary, releases all parties from any and all liability arising from the release of said information and records. It is also agreed that all information is provided solely for the use of the Michael J. Berkeley Foundation Scholarship Committee to determine recipients of scholarship awards and will not be made public. Please mail documentation to the Michael J. Berkeley Foundation, Scholarship Committee, P.O. Box 724, Mount Kisco, NY 10549. Please feel free to contact the Scholarship Committee at (914) 244-1668 or via e-mail at scholarships@mikebfoundation.org.

Applicant Signature

Date

Parent/Guardian Signature

Date

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MICHAEL J. BERKELEY FOUNDATION SCHOLARSHIP APPLICATION

LETTER OF RECOMMENDATION #1

For _____
(Applicant)

Prepared By _____

Organization/Title _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Please describe your relationship with the above-named applicant and why you believe this applicant is deserving of the Michael J. Berkeley Foundation Scholarship. Please sign and attach this form to your type-written letter of recommendation on letterhead stationery, and return to applicant in an envelope labeled Letter of Recommendation and addressed to Michael J. Berkeley Foundation, Scholarship Committee, P.O. Box 724, Mount Kisco, NY 10549. Please seal and sign the sealed envelope over the back flap. Should you have any questions, contact the Scholarship Committee at (914) 244-1668 or via e-mail at scholarships@mikebfoundation.org.

Signature Date

Social Security# _____

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MICHAEL J. BERKELEY FOUNDATION SCHOLARSHIP APPLICATION

LETTER OF RECOMMENDATION #2

For _____

(Applicant)

Prepared By _____

Organization/Title _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail _____

Please describe your relationship with the above-named applicant and why you believe this applicant is deserving of the Michael J. Berkeley Foundation Scholarship. Please sign and attach this form to your type-written letter of recommendation on letterhead stationery, and return to applicant in an envelope labeled Letter of Recommendation and addressed to Michael J. Berkeley Foundation, Scholarship Committee, P.O. Box 724, Mount Kisco, NY 10549. Please seal and sign the sealed envelope over the back flap. Should you have any questions, contact the Scholarship Committee at (914) 244-1668 or via e-mail at scholarships@mikebfoundation.org.

Signature

Date