



Dear Prospective Scholarship Recipient:

Thank you for applying for a scholarship from the Friends of Bethany Hamilton Foundation (FOB). Please read this letter carefully as it outlines the requirements each applicant must meet to be considered for funding from FOB. It is the mission of FOB to provide you the opportunities and support your need to overcome your challenges and pursue your dreams. It is our goal to distribute meaningful scholarships that will make a difference in your family's life and/or your personal pursuit of education and a healthy, active lifestyle.

The purpose of this scholarship is to provide \$500.00 to four high school seniors from Kauai who are overcoming or have conquered a difficulty in life.

Please be sure to fill out the application and essay (300-400 words) exactly as instructed, complete with necessary documentation. Your scholarship request must be **postmarked by the deadline of March 15, 2012.**

FOB considers the following criteria when evaluating each scholarship application:

- Overcoming or have conquered a difficulty in life
- Healthy lifestyle or athletic involvement
- Financial need
- Character
- Academic experience (GPA, extracurricular activities, etc.)
- Motivation to reach your goals
- History of volunteer and community work

If approved for a scholarship, you will be required to do the following:

- Provide proof of enrollment in a college or university
- Return a signed letter of agreement.
- Follow-up with FOB in regards to your results and accomplishments in relation to this scholarship.
- Represent FOB and its mission in a positive manner.

Please send your COMPLETED scholarship application and ALL mandatory attachments by March 15, 2012 to:

**Friends of Bethany Hamilton Foundation
P.O. Box 223663
Princeville, HI 96722**

You will be **notified after April 1, 2012** if you have been selected to receive a scholarship from FOB. For Questions please call Cody Abrell at (808) 634-7179

Sincerely,

Cody Abrell
Executive Director



SCHOLARSHIP APPLICATION 2012

DEADLINE: MUST be POSTMARKED by March 15, 2012

PLEASE PRINT LEGIBLY

Applicant Information

First: _____ Last: _____

Address: (line one) _____

City: _____ State: _____ Postal code: _____

Date of Birth: _____ (mm/dd/yyyy)

Daytime Phone: (____) _____ E-Mail: _____

(FOB communicates regularly via e-mail. If you do not have e-mail, please write "No email")

Gender: Male Female

Education Information

Name of the school you are graduating from (please circle):

Waimea H.S. / Kapaa H.S. / Kauai H.S. / Other: Private or Homeschool: _____
(Please Name)

Please circle one: Diploma / GED Date of Expected Graduation: _____

School Address: _____
(street address, city, state, zip)

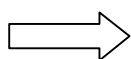
Grade Point Average (GPA): _____ (please attach copy of most recent report card)

Extracurricular Activities: _____

Name of Higher Education Program / University / College you plan to attend:

Location: _____ *Date of program start: _____

Major / Emphasis of Study: _____



Supplemental Information (Please provide answers on a separate page if needed)

1. Tell us about your short-term goals?

2. Tell us about your long-term goals?

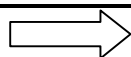
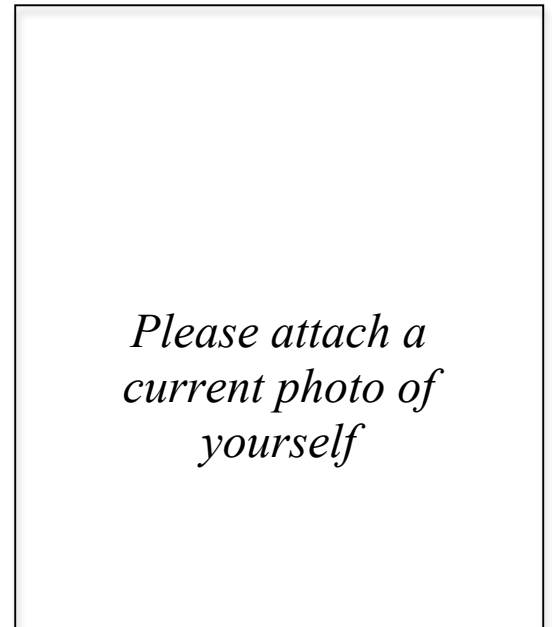
3. How will this scholarship help you to reach your goals?

4. What is your Motto or words to live by?

5. Please list any volunteer or community service work you do

6. How do you live an active/healthy lifestyle?

7. Please describe your financial need?



Mandatory Information to be Included with Application

The following information is **mandatory** in order to process your application:

Note: submitted materials, photos, news clippings, etc. will not be returned.

- 1. REFERENCE LETTERS:** Include **three letters of reference** along with phone numbers.
- **One letter must come from a teacher/principal/school counselor.**
 - **The other two must be from a fellow athlete, peer, family member, teacher, pastor, mentor or coach.**
 - **Please provide each reference with the reference letter form and a stamped envelope addressed to Friends Of Bethany in order to mail the letter.**

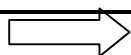
| | <u>REFERENCE NAME</u> | <u>SOURCE (coach, teacher, etc.)</u> | <u>ORGANIZATION</u> |
|----|-----------------------|--------------------------------------|---------------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

Essay

- 1. Your personal story or experience of how you overcame or are overcoming a difficulty in your life in 300-400 words.**
- 2. (Optional) Other printed press clippings (NO videotapes, CDs, or DVDs please)**

Friends of Bethany Hamilton Foundation Information

How did you find out about the FOBH Foundation and this scholarship? *(please specify from whom/what)*



Waiver and Truth Statement

Friends of Bethany Hamilton, Inc. (FOB) promises to evaluate each qualified application equally, without bias.

“Any decision by Friends of Bethany Hamilton, Inc. (FOB) as to: i) whether or not a scholarship is to be awarded and ii) if awarded, in what amount and the terms and conditions attaching thereto, shall be made in the sole and absolute discretion of FOB. By your submission of this scholarship application to FOB, you agree to be bound by the decision of FOB and indemnify and hold FOB harmless from any and all claims, actions and/ or causes of action arising directly or indirectly as a result of FOB’s decision.”

- Yes** Please check yes or no if you will allow FOB to use scholarship recipients’ biographies and photos to assist in fundraising efforts to complete our mission. FOB reserves the right to use your bio and photos. We want to respect your privacy and be sensitive to your situation.
- No**

The statements and answers given in this scholarship application are true and correct. I understand that misstatements in this scholarship application could cause my application to be denied.

Signature _____ Date _____

If under the age of 18, please have parent or guardian sign this Scholarship Request

Guardian Name (printed) _____

Guardian Signature _____ Date _____

If you have any questions about the 2012 FOB scholarship application, please contact Cody Abrell: fobhfoundation@gmail.com

MAIL COMPLETED APPLICATION by March 15, 2012

TO:

Friends of Bethany Hamilton Foundation
P.O. Box 223663
Princeville, HI 96722



Reference Letter Form

STUDENT APPLICANT: This form may be given to your references, along with a stamped envelope, to complete for consideration of your FOBH scholarship application. This form will suffice as a written reference letter (three written reference letters are required when submitting an FOBH scholarship application).

Date: _____

To: _____

Subject: Reference Letter for _____

_____ is applying for a scholarship from the Friends of Bethany Hamilton Foundation. As part of the application process, FOBH needs written character references. The student should have provided you with a stamped envelope. Please complete the following form and return it to Friends of Bethany Hamilton at the address below. Applications and Reference letters are **due by March 15, 2011**.

Thank you for your time.



1. How many years have you known the applicant? _____ years
2. Relationship to applicant: _____
3. Would you consider the applicant to be a person of good character? YES NO
Please Describe:
4. To the best of your knowledge, does the applicant live a healthy, active lifestyle? YES NO
Please Explain:
5. Do you know of any challenges this applicant has faced in life and how he/she has overcome them?
Please Explain:
6. Please share any additional comments you feel would help the applicant's scholarship approval (use the back of this sheet for more room (if necessary):

Signature: _____ Date: _____

Name (please print full name): _____

Phone: _____ E-Mail Address: _____