**Taylor Rose Foundation Scholarship**

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Taylor Rose Foundation was established in 2018 by Troy Nelson, in memory of his beloved daughter Taylor Rose Nelson.

Taylor was a beautiful young lady with a bright future. She was an exceptional equestrian winning many types of competitions in and around the New England region. She loved her family, friends and her four legged babies. As beautiful and bright as she was, she also battled addiction with opioids and lost her life in a tragic automobile accident on December 3, 2016.

Taylor Rose Foundation is a New Hampshire nonprofit foundation that focuses on children and young adults whose lives are affected by addiction. Empowering youth and young adults to live life clean and sober.

Taylor Rose Foundation provides scholarships for young adults who are pursuing careers in behavioral health and addiction-related studies, including adolescent psychology, counseling, social work, mental health, substance abuse issues and nursing.

The Taylor Rose Foundation is solely funded through generous donations throughout our communities and funds from her family.

***“Empowering youth and young adults to live life clean and sober”***



Scholarship Application

Application due date: April 5, 2024

Taylor Rose Nelson

Scholarship 2024

1. DEADLINE for scholarship applications is *April 5, 2024* (NO EXCEPTIONS)
2. Refer to the application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. If you have any questions about the application, contact us by email at trnfoundation2017@gmail.com

**PURPOSE** The Taylor Rose Foundation was established in 2018. The mission of the scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, universities, and trade schools. The Scholarship principally targets two and four year academic programs.

**FINANCIAL ASSISTANCE** *is based on academic performance, leadership potential, and participation in community volunteer hours.*

**SCHOLARSHIP AWARDS**

The Taylor Rose Foundation awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: *Academic Accomplishments, Community Service, References, and Personal Essay.* *Scholarship funds are paid directly to the recipient upon completion of the first semester.*

***CRITERIA***

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* Applicants must have permanent residence status in New Hampshire, *and must be a permanent resident of the United States.*
* Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 2.5 on a 4.0 scale.
* Applicants must be pursuing careers in behavioral health and addiction-related studies, including counseling, psychology, social work, mental health, substance abuse issues.
* Applicants must be accepted as a full time student at a *college, university, or trade school* program for the upcoming academic semester.
* Applicants must complete and submit a Scholarship Application postmarked by Monday, **April 5, 2024**
* Applicants must complete a 250 word essay on “Why I am pursuing this career”.

**TIMELINE**

* Applications are due **April 5, 2024**
* Applicants are notified if awarded a scholarship by May 1, 2024

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed application form.
* Official high school transcript in a sealed envelope from the institution.
* Two letters of recommendation.
* Proof of acceptance at an academic, vocational or technical school for post-secondary studies.
* A minimum 250 word essay.
* A letter of acceptance from the college or university or proof of enrollment

**SCHOLARSHIP AWARDS**

* Award notification will be given by May 1, 2024.

***Deadline***for the application is Monday**, April 5, 2024**. Applications postmarked after this date will not be considered.

**Please mail OR submit application to:**

Taylor Rose Foundation

**18 Abbie Drive**

**Weare, NH 0281**



**Application -must be filled out by applicant.**

| Please **type or print** your answers below. A separate sheet may be used if needed. If the application is illegible it will be returned to you. | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Last Name: | | | First Name: | | | | | |
| 2 | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | | | | | | |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 4 | Current High School: | | | | | | | High School Graduation date: | |
| 5 | I will be attending the following school in the Fall of 2023: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address/ Phone | | | | | | | | |
| 6 | What year will you enter school? Freshman Sophomore Junior Senior | | | | | | | | |
| 7 | Will you be a full time student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (minimum 20 hrs.) | | | | | | | | |
| 8 | Will you be a commuting student? Will you live on campus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If you are not living on campus, where will you be living? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 9 | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA; your most recent **official** school transcript required. | | | | | | | | |
| 10 | ACT Score:\_\_\_\_\_\_\_\_\_\_  Or  SAT Score: \_\_\_\_\_\_\_\_\_\_  A copy of your ACT **or** SAT score sheet on the official high school transcript is required. | | | | | | | | |
| 11 | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone of parents or legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| 12 | List the name of any college you have attended. | | | | Year  Began | Year  Ended | Year  Graduated | | Type of Degree or grade received /Hours |
|  | A. |  | | |  |  |  | |  |
| B. |  | | |  |  |  | |  |
| C. |  | | |  |  |  | |  |
| 13 | What specialty/major do you plan to major in as you continue your education? | | | | | | | | |
| 14 | List other financial assistance you will receive per semester or quarter: | | | | | | | | |
|  | A. | | Personal: (currently working or work /study during school) Amount: $ | | | | | | |
| B. | | Other Scholarship(s): Amount: $ | | | | | | |
| C. | | Grants: Amount: $ | | | | | | |
| C. | | Student Loan(s): Amount: $ | | | | | | |
| D. | | Other Financial Resources: ( to include parent contribution) Amount: $ | | | | | | |

**Please list the following information on a separate sheet if needed.**

| 15 | **SCHOOL EXTRA-CURRICULAR ACTIVITIES:** Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. | | |
| --- | --- | --- | --- |
| 17 | **ORGANIZATIONS:** Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. | | |
| 18 | **RECOGNITIONS**: Please list important awards and recognitions received. Note organizations presenting honor and date. | | |
| 19 | **GOALS:** What are the short and long term goals for your life? | | |
| 20 | **NEED:** Please explain your need for the Taylor Rose Foundation Scholarship | | |
| 21 | A. The following criteria must be met in order for the application to qualify to be reviewed by the scholarship committee.  B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)  C. Circle “YES” or “NO” to be sure you have completed and attached each item as required. | | |
|  | **APPLICATION CHECK LIST** | | |
|  | *YES* | NO | **Application complete** |
|  | YES | NO | **Two reference forms.** Your references should be in separate sealed envelopes |
| YES | NO | **Proof of college acceptance or current student enrollment.** A letter of college enrollment or program enrollment is required for receipt of funds. |
| YES | NO | **Most recent official high school or official college transcript**. Photocopies of your transcript are **not acceptable**. |
| YES | NO | **250 - 500 word essay on “Why I am pursuing this career”** |
|  |  |  |  |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Taylor Rose Foundation Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Taylor Rose Foundation Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The deadline for this application must be**

**Postmarked by Monday, April 5, 2024 No exceptions!**