



JOSEPH A. BEAVERS SCHOLARSHIP 2024 APPLICATION

Application Deadline: **July 31, 2024**

Applications must be submitted electronically
through the Beavers Scholarship Email:

upobeavers@upo.org

For more information:
(202) 610-2014

WWW.UPO.ORG

YOUTH SERVICES DIVISION
UPO/Joseph A. Beavers Scholarship Application

1649 Marion Barry Avenue, SE | Washington, DC 20020

The core commitment of United Planning Organization (UPO) is to unite people with opportunities in order to create thriving and self-sufficient residents. UPO began sponsorship of its annual Dr. Martin Luther King, Jr. Memorial Breakfast in 1987 as a means for the Washington, DC community to join together around the ideals advanced by Dr. King. It is with those priorities in mind that in 1990 UPO began awarding college scholarships that are financed with proceeds from the Breakfast. The scholarship is named in honor of the late Mr. Joseph A. Beavers, a longtime UPO Board member and legendary District of Columbia labor leader.

Joseph A. Beavers Scholarships are given to ambitious students who aspire to advance their lives through the pursuit of post-secondary education. Beavers' recipients demonstrate strong academic performance, possess complementary attributes that reflect leadership and service, and champion the UPO mission and vision of a thriving community. Recipients persevere through adversity and recognize the value of higher education as a vehicle to achieving long-term success.

Beavers' alumni personify the District's best and brightest students and represent the nation's capital at some of the country's most

recognized universities. A few institutions of higher learning that recent recipients attend include NYU, Georgetown University, Howard University, Morehouse College, Bucknell University, Xavier University, Virginia State University, and University of Pittsburgh.

2021 represents a significant milestone for the Beavers Scholarship; this year, UPO will surpass more than \$1,000,000 in fundraising and will have awarded scholarships to more than 200 youth.

We are welcoming applications from **2025 graduates.**



2024 INCOME ELIGIBILITY GUIDELINES

UPO is required to verify the income eligibility and DC residency of all scholarship applicants. Staff must document that recipients have a household income that is equal to or below 200% of the applicable federal poverty level for the current fiscal year (2023) and also that the recipient is a resident of Washington, DC. 2023 poverty levels from the US Department of Health and Human Services (DHHS) are provided below. Applicants should note that the information provided on this form is solely for the purpose of determining whether applicants are eligible for this scholarship and will be kept confidential by UPO. The eligibility form must be filled out in its entirety and be accompanied by the corresponding documentation in order to be deemed complete. Failure to do so will result in the application being withdrawn from consideration.

CUSTOMER'S NAME _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____

TOTAL NUMBER IN FAMILY INCLUDING YOURSELF _____

SELECT ONE AND INDICATE AMOUNT:

Weekly Income: \$ _____ Bi-Weekly Income: \$ _____

Semi-Monthly Income: \$ _____ Monthly Income: \$ _____

(A family may be a single individual. For families of more than one individual, the definition of "family" means all persons living in the same household who are: (1) supported by the income of the spouse, parent(s) or guardian(s) and (2) related to the spouse, parent(s) or guardian(s) by blood, marriage, or adoption.)



US DHHS INCOME ELIGIBILITY GUIDELINE FOR 2024

ANNUAL FAMILY INCOME VERIFICATION DOCUMENTS

(check all that apply)

- Tax Return
- TANF
- Child Support
- Alimony
- Social Security
- Supplemental Security Income
- Military Family Allotments
- Training Stipends
- Pension/Retirement
- W2 or 1099
- No Income
- Other

Explain Other:

Initial Below:

____ (A) I have provided the supporting documents to certify that I am eligible to receive CSBG services.

____ (B) I have not provided the supporting documents, but by initialing and signing this document, I certify that my income and my family income meets the criteria to qualify for CSBG services.

FAMILY SIZE	100%	200%
1 Person	\$15,060	\$30,120
2 Persons	\$20,440	\$40,880
3 Persons	\$25,820	\$51,640
4 Persons	\$31,200	\$62,400
5 Persons	\$36,580	\$73,160
6 Persons	\$41,960	\$83,920
7 Persons	\$47,340	\$94,680
8 Persons	\$52,720	\$105,440
For each additional person, add		\$5,380
		\$10,760

CERTIFICATION OF ZERO INCOME

I hereby certify that neither I nor my family receive(s) income from any of the following sources:

- (a) Wages from employment (including commission, tips, bonuses, fees, etc.);
- (b) Social Security payments, annuities, insurance policies, retirement funds, pension or death benefits;
- (c) Allowances such as alimony, child support or money received from person not living in my family;
- (d) Sales from self-employment resources (Avon, Mary Kay, Shaklee, etc.);
- (e) Income from operation of business;
- (f) Rental income from real estate or property;
- (g) Interest or dividends from assets;
- (h) Unemployment or disability payments;
- (i) Public assistance payments; or
- (j) Any other source not named above.

Initial Below:

____ (C) I have not provided supporting documents because my income and my family income is zero.

Customer information: You must initial on the appropriate line above to indicate that you have provided documentation, have income and are unable to provide supporting documents to verify income eligibility and that your family income falls within the poverty guidelines, or that you have zero income. Additionally, you must sign the form. Note that the information provided on this form is solely for the purpose of determining whether you or your family are eligible for this program and will be kept confidential by UPO.

____ APPLICANT SIGNATURE _____ DATE _____

____ PARENT SIGNATURE _____ DATE _____



JOSEPH A. BEAVERS SCHOLARSHIP APPLICATION

APPLICATION OVERVIEW

GENERAL INFORMATION

- › The Beavers Scholarship was established to help pay tuition for local DC students who wanted to go to college
- › 5 scholarships will be awarded in 2024, totaling \$50K
- › Recipients receive up to \$2,500 per year in scholarship support, not to exceed \$10K
- › **Applications must be completed online and submitted by midnight July 31, 2024**
- › Scholarship finalists must be available for an in-person or virtual interview

ELIGIBILITY CRITERIA

- › Be a current high school junior attending a DC public school, a DC public charter school, a DC private school, or have earned a G.E.D. within the past year
- › Be a DC resident
- › Demonstrate financial need in accordance with the 2023 federal income guidelines
- › Have earned a minimum cumulative GPA of 3.0 through the most recent reporting period
- › Intend to enroll fulltime in an accredited 2-year or 4-year university in the United States within six (6) months of earning their high school diploma

SUPPLEMENTAL DOCUMENTS

- › One source of proof of income as indicated on the family income documentation checklist
- › An unofficial copy of the applicant's high school transcript or most recent report card with a clear indication of cumulative G.P.A.
- › Copy of a valid parent's drivers or non-drivers ID
- › Two (2) letters of recommendation: letters may be written by a high school counselor, teacher, administrator, or community member
- › Two essays: 1) self-portrait 2) and Community Engagement

Please send
your scanned
application

to

upobeavers@upo.org

by

July 31, 2024

JOSEPH A. BEAVERS SCHOLARSHIP

APPLICATION CHECKLIST

Please use this checklist to assist you in making sure the information on this application is complete and check the box as you complete each step in the application process. Please note that incomplete applications will not be reviewed. Please email questions to upobeavers@upo.org

I have enclosed the following documents:

- Completed Joseph A. Beavers Scholarship application which includes: Student Information, Family Information, Community Service Information, Awards and Extra Activities Information
- Completed Formal Student Essays
- Completed Recommendation Forms - two letters or recommendation are required and should not be older than 60 days
- Income information as indicated on the CSBG eligibility form (only one form of documentation is necessary)
- Unofficial copy of high school transcript or most recent report card with current cumulative G.P.A.
- Proof of DC residency



APPLICANT INFORMATION

(To be completed by student)

PLEASE ANSWER THE QUESTIONS BELOW

(if necessary, use additional paper and attach it to this page)

LAST NAME

FIRST NAME

MIDDLE INITIAL

D.O.B. (MM/DD/YYYY)

STREET ADDRESS

CITY

STATE

ZIP

PRIMARY PHONE

ALTERNATE PHONE

PRIMARY EMAIL

SECONDARY EMAIL

SCHOOL NAME

CUMULATIVE G.P.A.

I certify that all information given in this application is complete and accurate to the best of my knowledge. Misrepresentations in any statement will be considered adequate grounds for denying the application.

APPLICANT SIGNATURE

DATE

1. Tell us about your plans for college (i.e., which schools are you considering and why?)

2. What is your intended major and why are you considering this career path?

3. What has inspired you to choose this career path?



COMMUNITY SERVICE INFORMATION

(To be completed by student)

COMMUNITY SERVICE

(if necessary, use additional paper and attach it to this page)

ORGANIZATION	Activity, Your Role and Duties	From (MM/YY)	To (MM/YY)

EXTRACURRICULAR ACTIVITIES/EMPLOYMENT

(if necessary, use additional paper and attach it to this page)

ACTIVITY/EMPLOYMENT	Description	From (MM/YY)	To (MM/YY)

RECOGNITION/AWARDS

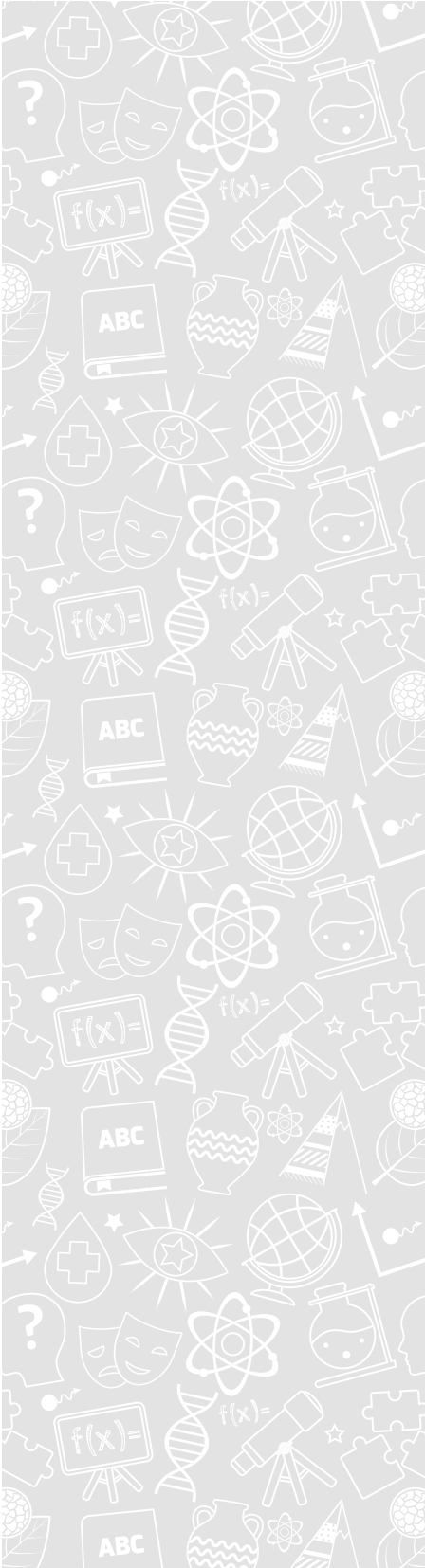
(if necessary, use additional paper and attach it to this page)

RECOGNITION/AWARDS	Description	Date (MM/YY)



JOSEPH A. BEAVERS SCHOLARSHIP ESSAYS

(To be completed by student)



ESSAY REQUIREMENTS

Please submit a typed double-spaced, 1000 words essay (12 pt. Times New Roman font) for each topic listed below (two essays total). Points are awarded based on content, development, organization, grammar, spelling, and style. Please remember to:

- 】 Provide a cover page for each essay
- 】 Include your name on top right corner of each page
- 】 Include essays as part of your application package (do not send separately)
- 】 Include page numbers at the bottom of each page
- 】 Respond to each of the prompts

WRITING TOPICS

TOPIC #1: Self Portrait

Describe yourself and explain how your family, community and personal experiences have helped to shape you. How have each of these things influenced your goals for the future?

TOPIC #2: Community Service

Describe what the word community means to you. How have you contributed to improving your community through your volunteer service? How would you help to change your community for the better upon completing your college education and after entering into the workforce?



RECOMMENDER FORM #1

(To be completed by recommender)

STUDENT INFORMATION

STUDENT NAME

SCHOOL NAME

RECOMMENDER INFORMATION

NAME

AFFILIATION TO STUDENT

Please return this form to the student in a sealed envelope with your signature across the seal.

RECOMMENDER SIGNATURE

DATE

INSTRUCTIONS TO RECOMMENDER

The student is applying for a UPO Joseph A. Beavers Scholarship. This recommendation is a critical component of our decision making process. Please respond to the following questions as completely and succinctly as possible. (Feel free to use a separate page to answer the following questions):

1. How long have you known the student?

- Less than 1 year
 1-2 year(s)
 3 or more years

2. Why should we select this student as a Joseph A. Beavers Scholarship recipient? Please comment on the student's involvement in the community and leadership qualities.

Blank area for response to question 2.

3. Please comment on any other relevant information that is not identified in the application that describes why this student is a good candidate for the Joseph A. Beavers Scholarship.

Blank area for response to question 3.



RECOMMENDER FORM #2

(To be completed by recommender)

STUDENT INFORMATION

STUDENT NAME

SCHOOL NAME

RECOMMENDER INFORMATION

NAME

AFFILIATION TO STUDENT

Please return this form to the student in a sealed envelope with your signature across the seal.

RECOMMENDER SIGNATURE

DATE

INSTRUCTIONS TO RECOMMENDER

The student is applying for a UPO Joseph A. Beavers Scholarship. This recommendation is a critical component of our decision making process. Please respond to the following questions as completely and succinctly as possible. (Feel free to use a separate page to answer the following questions):

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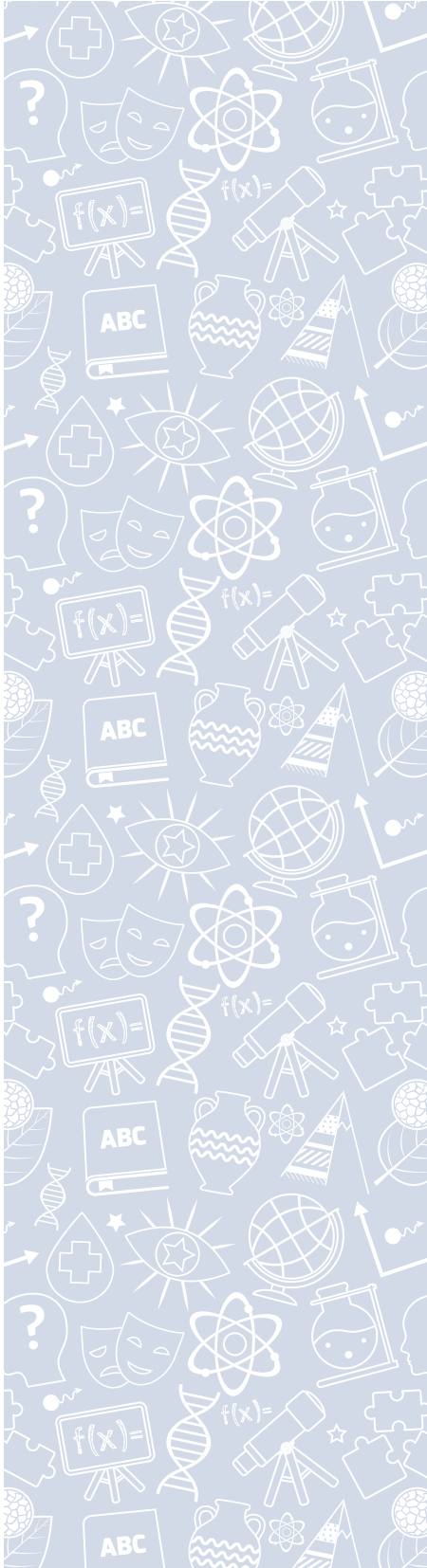
Blank area for response to question 2.

3. Please comment on any other relevant information that is not identified in the application that describes why this student is a good candidate for the Joseph A. Beavers Scholarship.

Blank area for response to question 3.



RELEASE AUTHORIZATION



I certify that I meet the stated eligibility requirements for the Joseph A. Beavers Scholarship and that the information in this application is true, complete and accurate. If selected as a scholarship recipient, I grant permission for my information, name, image or likeness to be used in press releases, websites, news publications or other promotional materials distributed to the public and media outlets identifying me as a recipient of the UPO Joseph A. Beavers Scholarship.

APPLICANT'S SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

**APPLICATION
DEADLINE:
JULY 31, 2024**

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Beavers Scholarship Email:**

upobeavers@upo.org