



## DONNIE RAY CRAWFORD *Legacy Foundation*

3737 S. 273rd E. Ave.  
Broken Arrow, OK. 74014  
Phone:405-219-2255 Fax:918-376-9201  
administrator@donnieraycrawford.com

## WELCOME

Thank you for your interest in the Donnie Ray Crawford Legacy Foundation. The mission of the foundation has three tiers. One of the tiers is to provide financial assistance to selected individuals pursuing a post-secondary education. The foundation does not limit our applicants to the college level; we also offer scholarships to individuals who may be seeking a degree/certificate at a trade or vocational school. We, however, are limited to assisting up to one bachelor's degree or the equivalent. Applicants who are not selected are eligible and encouraged to re-apply the following semester. Awardees will have the opportunity for a renewal award for the following semester should they maintain cumulative 3.75 GPA and/or meet certain criteria established by the foundation. If you feel you are eligible for the renewal, you must submit a renewal form and an official sealed transcript. For more information regarding this renewal, please contact [administrator@DonnieRayCrawford.com](mailto:administrator@DonnieRayCrawford.com).

All Donnie Ray Crawford Legacy Foundation scholarship awardees will be notified by USPS mail, telephone, and/or email. All awards will be payable to the educational institution in which they are enrolled. Each scholarship award is applicable for the upcoming school semester. All applications, character references, statements of affirmation, and transcripts must be postmarked by May 31<sup>st</sup>, 2021 for an applicant to be considered for the Fall 2021 semester.

### ELGIBILITY/CRITERIA:

- Must enroll as a full-time student status at a post-secondary educational institution
- Must be a United States Citizen or a current Student Visa Holder
- Must have a high school diploma, *official SEALED transcript required*, or GED equivalent **OR**
- If applicable, home school students must have a minimum score of 20 on ACT *official score required*
- Must not have been on educational probation in the last 2 years
- Must have a 2.5 GPA *on a 4.0 scale*
- Must be in financial good standing with educational institution
- **Must complete, in full, a scholarship application, an essay, and three character reference forms which are enclosed in the scholarship packet.**

**APPLICANT INSTRUCTIONS:** (Please refer to this check list before mailing your packet. **An incomplete application will not be considered.**)

- Print all pages of this scholarship application packet
- Fill-out the scholarship application form in its entirety (Pgs. 2-7)
- **Print three character reference forms.** Read, fill-out and sign the top portion of each form.
- Distribute the three character reference forms to your references. *Remind them of the due date. These cannot be submitted with your application. They must be mailed or faxed directly to the foundation from your references. It is your responsibility that your references get them turned in by the due date.*
- Distribute the Statement(s) of Affirmation form to your high school/home school guidance counselor and/or your college/university advisor. *Remind them of the due date. These cannot be submitted with your application. They must be mailed or faxed directly to the foundation from your school/advisor.*
- Applicant is only to mail pages 2-7 of this application to the address listed above. **\*IMPORTANT:** *A copy of your transcript may be submitted if an official sealed transcript is not available at this time. However, if chosen, the award will be contingent upon receiving the official sealed transcript.*



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**DONNIE RAY CRAWFORD**

*Legacy Foundation*

## SCHOLARSHIP APPLICATION

### SEMESTER FALL 2021

MUST BE POSTMARKED NO LATER THAN May 31<sup>st</sup>, 2021.

#### Biographical Information

Please Check One of the Following:

Applicant (New): \_\_\_\_\_

Applicant (Re-apply): \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing Address (If different than above) : \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Email: \_\_\_\_\_

Parent(s) or Legal Guardian(s): \_\_\_\_\_

School Planning to Attend: \_\_\_\_\_

**High School/Home School Information** *Please complete if you are a first-time student enrolling in college on a full-time basis.*

Name of High School or Home School Institution: Include an official and SEALED copy of transcript with application. *Refer to \*IMPORTANT note in welcome letter.*

GPA: \_\_\_\_\_ on a Scale of: \_\_\_\_\_ Class Rank: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

Name of Secondary School Planning to Attend: \_\_\_\_\_

Planned Major and/or Minor: \_\_\_\_\_

Achievements While in School: \_\_\_\_\_

**High School/Home School Information**

Sports and/or Extra-Curricular Activities You Participated In: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**College/University Information** *Please complete if you have attended any post-secondary education*

Name of most current College/University attended: Include an official SEALED copy of transcript with Application. *Refer to \*IMPORTANT note in welcome letter.*  
\_\_\_\_\_ Student ID # \_\_\_\_\_

Current GPA: \_\_\_\_\_ on a Scale of: \_\_\_\_\_ ACT/SAT Score: \_\_\_\_\_

Date Attended: From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Seeking Major and/or Minor: \_\_\_\_\_

Achievements While in School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports and/or Extra-Curricular Activities You Participated In: \_\_\_\_\_  
\_\_\_\_\_

Name of second most current College/University attended: Include an official SEALED copy of transcript with application. *Refer to \*IMPORTANT note in welcome letter.*  
\_\_\_\_\_

GPA: \_\_\_\_\_ on a Scale of: \_\_\_\_\_

Date Attended: From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_

Seeking Major and/or Minor: \_\_\_\_\_

**College/University Information**

Achievements While in School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sports and/or Extra-Curricular Activities You Participated In: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Life**

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Interests: \_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation and Place of Worship: \_\_\_\_\_  
\_\_\_\_\_

Please describe your short-term goals *5 years or less*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Life**

Please describe your long-term goals *10 years or more*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Information**

Place of Employment *Most current*: \_\_\_\_\_  
From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Place of Employment *Second most current*: \_\_\_\_\_  
From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Place of Employment *Third most current*: \_\_\_\_\_  
From (MM/YYYY): \_\_\_\_\_ To (MM/YYYY): \_\_\_\_\_  
Name and Title of Supervisor: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

## Public Service Information

*Please List Your Community Involvement and/or Public Service Details:*

Activity: \_\_\_\_\_ Role: \_\_\_\_\_

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Activity: \_\_\_\_\_ Role: \_\_\_\_\_

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Activity: \_\_\_\_\_ Role: \_\_\_\_\_

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

*Please List Your Leadership Roles: (i.e. Student Government, Athletic Coach, Managerial Positions, etc.)*

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Individuals You Supervised: \_\_\_\_\_

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Individuals You Supervised: \_\_\_\_\_

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Individuals You Supervised: \_\_\_\_\_

From (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_

**Have you had any prior knowledge of Donnie Ray Crawford prior to filling out this application? \_\_\_\_\_**

If yes, please write your essay about who Donnie Ray Crawford was and how he has/could influence your life. If you answered no, research Donnie Ray Crawford and write your essay about the person you feel he embodied. **Please note, this essay is an important part of the application. Because we are receiving more and more applications each semester, we want to stress the importance of this step in the process.** CONTENT, grammar, punctuation, spelling, etc. will be evaluated.

## Additional Information

Are you currently receiving any other scholarships or financial assistance? \_\_\_\_\_

Do you intend to use the Donnie Ray Crawford Legacy Foundation scholarship for: Tuition \_\_\_\_\_

Housing \_\_\_\_\_ Books \_\_\_\_\_ Other \_\_\_\_\_

Recipients of the Donnie Ray Crawford Legacy Foundation scholarships are encouraged to accept their scholarships at the annual Donnie Ray Crawford Memorial Race held mid-summer or during the annual Chili Bowl race held in January. However, this is not a requirement. The foundation also publishes photos and other pertinent information about our recipients on our website and other forms of social media. The foundation may ask you, from time-to-time, to reflect on how the Donnie Ray Crawford Legacy Foundation was able to help you.

If selected, are these reasonable requests for you? \_\_\_\_\_

## Character References

**Please distribute the enclosed Character Reference Forms to three individuals of your choice, *immediate family excluded*, and fill out the information below:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Year(s) of Acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Year(s) of Acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Year(s) of Acquaintance: \_\_\_\_\_

I hereby acknowledge that all information provided above is accurate and true:

**PRINTED NAME OF APPLICANT:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



## STATEMENT OF AFFIRMATION BY HIGH SCHOOL OR HOME SCHOOL GUIDANCE COUNSELOR

This form is required for first-time students enrolling in college on a full-time basis. *Must be postmarked no later than May 31<sup>st</sup>, 2021 for the FALL 2021 Semester*

### TO BE FILLED OUT BY APPLICANT

I hereby give my permission to disclose any and all information deemed necessary regarding my past and current enrollment at this institution I hereby understand this form will be submitted to the Donnie Ray Crawford Legacy Foundation with the knowledge that its contents will not be shared. I hereby waive my right to see the confidential statements submitted on this form.

**Applicant Name:** \_\_\_\_\_

**Name of High School/Home School:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO BE FILLED OUT BY REFERENCE - Please mail or fax the completed form directly to:

Donnie Ray Crawford Legacy Foundation  
3737 S. 273 E. Ave.  
Broken Arrow, OK 74014  
Fax: 918-376-9201

Please select one:

\_\_\_\_\_ I hereby affirm this applicant is in the process of successfully meeting the criteria for graduation set forth by the state of \_\_\_\_\_. Expected date of graduation: \_\_\_\_\_

\_\_\_\_\_ I hereby affirm this applicant has successfully met all the criteria for graduation set forth by the state of: \_\_\_\_\_. Date of graduation: \_\_\_\_\_

Has this applicant been on educational probation in the last 2 years: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Printed Name of High/Home School Guidance Counselor: \_\_\_\_\_

Contact Information Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE OF HIGH SCHOOL/HOME SCHOOL GUIDANCE COUSELOR:**

**DATE:** \_\_\_\_\_

*Please call Jake Rosario at 405-219-2255 for additional information or comments.*





**STATEMENT OF AFFIRMATION BY  
COLLEGE/UNIVERSITY ADVISOR**

This form is required for college students and  
first-time students enrolling in college on a full-time basis  
*Must be postmarked no later than May 31<sup>st</sup>, 2021  
for the FALL 2021 Semester*

**TO BE FILLED OUT BY APPLICANT**

I hereby give my permission to disclose any and all information deemed necessary regarding my past and current enrollment at this institution. I hereby understand this form will be submitted to the Donnie Ray Crawford Legacy Foundation with the knowledge that its contents will not be shared. I hereby waive my right to see the confidential statements submitted on this form.

**Applicant Name:** \_\_\_\_\_

**Name of High School/Home School:** \_\_\_\_\_

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE FILLED OUT BY REFERENCE - Please mail or fax the completed form directly to:**

Donnie Ray Crawford Legacy Foundation  
3737 S. 273 E. Ave.  
Broken Arrow, OK 74014  
Fax: 918-376-9201

I hereby affirm this applicant meets the criteria set forth by this admissions office for enrollment, is in good financial and academic standing, and is enrolled as a full-time student.

Has this applicant been on educational probation in the last 2 years: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Printed Name of College/University Advisor: \_\_\_\_\_

Contact Information Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE OF COLLEGE/UNIVERSITY ADVISOR:**

\_\_\_\_\_  
**DATE:** \_\_\_\_\_

*Please call Jake Rosario at 405-219-2255 for additional information or comments.*



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## CHARACTER REFERENCE FALL 2021 SEMESTER

Page 1 of 2

Must be postmarked no later than May 31<sup>st</sup>, 2021

Applicants Name: \_\_\_\_\_  
Applicants Date of Birth: \_\_\_\_\_  
Applicants Phone #: \_\_\_\_\_

**Character Reference:** Each applicant must submit three references to complete his/her application. Serious consideration will be given to your comments. Please complete this form carefully and in privacy. Since we request a candid evaluation, we will hold comments with the utmost confidence. **Therefore, we ask that the person providing the reference mail this form directly to the Donnie Ray Crawford Legacy Foundation.**

### TO BE FILLED OUT BY APPLICANT

I understand this form will be submitted to the Donnie Ray Crawford Legacy Foundation with the knowledge that its contents will not be shared. I hereby waive my right to see the confidential statements submitted on this form.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TO BE FILLED OUT BY REFERENCE

- How long have you known the applicant? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)
- Has your relationship been:  Very close  Close  Casual  Distant
- What has been the nature of your acquaintance? Were you a/an (check all that apply)  
 BUSINESS:  Employer  Supervisor  Co-worker  Other \_\_\_\_\_  
 SCHOOL:  Principal  Teacher  Fellow Student  Other \_\_\_\_\_  
 SOCIAL:  Friend  Neighbor  Fellow Church Member  Other \_\_\_\_\_
- Please evaluate the applicant's personal character

	Excellent	Good	Fair	Poor	Unknown
Honesty					
Financial Responsibility					
Dependability					
Cooperativeness					
Academic Ability					
Ability to Work with Others					
Ability to Lead Others					
Personal Cleanliness					
Consideration for Others					
Moral Character					
Acceptance of Instruction and/or Discipline					

**CHARACTER REFERENCE  
FALL 2021 SEMESTER**

5. How diligent is the applicant as a student or worker?

- |  |   |
|--|---|
| <input type="radio"/> Usually conscientious, hard worker | <input type="radio"/> Works harder than most students/workers |
| <input type="radio"/> Does about as much work as others  | <input type="radio"/> Works less than others                  |
| <input type="radio"/> Very lazy                          | <input type="radio"/> Have no basis for judgment              |

6. What do you consider are the applicant's strengths?

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7. What do you consider are the applicant's weaknesses?

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8. Please share with us any information you may have about the applicant that would help in our evaluation.

(This information could cover recent experiences and/or incidents in the applicant's life or even a general personality appraisal. Feel free to attach a letter if needed.)

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**PLEASE PRINT**

Your Name: \_\_\_\_\_ Your Age:  18-25  26-35  36-50  51 &

over

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

