



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 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. However, we 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 a 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.

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 December 31st, 2021 for an applicant to be considered for the Spring 2022 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 or late 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. It is your responsibility that this is turned in by the due date.*
- 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.*



Donnie Ray Crawford Legacy Foundation

3737 S. 273 E Ave.

Broken Arrow, OK 74014

Phone: 405-219-2255 Fax: 918-376-9201

DONNIE RAY CRAWFORD
Legacy Foundation

SCHOLARSHIP APPLICATION SEMESTER SPRING 2022

MUST BE POSTMARKED NO LATER THAN DECEMBER 31st, 2021.

Please Check One of the Following:
Applicant (New): _____
Applicant (Re-apply): _____

Biographical Information

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Shirt Size: _____

Gender: _____ Age: _____ Birth date: _____ Email: _____

Parent(s) or Legal Guardian(s): _____

College/University Information *(Planning to attend)*

School Planning to Attend: _____

Planned Major and/or Minor: _____

School Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Funding Scholarship Award:

Name of School: _____

Department: _____ Attention: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

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: _____

Achievements While in School: _____

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

College/University Information

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 (continued)

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 (continued)

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 Nationals 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 in application 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 December 31st, 2021 for the SPRING 2022 Semester*

TO BE FILLED OUT BY APPLICANT

I give my permission to disclose any and all information deemed necessary regarding my past and current enrollment at this institution. 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 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 COUNSELOR - 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 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 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
enrolling in college on a full-time basis
*Must be postmarked no later than December 31st, 2021
for the SPRING 2022 Semester*

TO BE FILLED OUT BY APPLICANT

I give my permission to disclose any and all information deemed necessary regarding my past and current enrollment at this institution. 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 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 ADVISOR - 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 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.



Donnie Ray Crawford Legacy Foundation

3737 S 273 E Ave

Broken Arrow, OK 74014

Phone: 405-219-2255 Fax: 918-376-9201

DONNIE RAY CRAWFORD
Legacy Foundation

CHARACTER REFERENCE (Page 1 of 2) SPRING 2022 SEMESTER

Must be postmarked no later than December 31st, 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 upmost 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 (Please refer to above character reference box)

- 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 (Page 2 of 2)
SPRING 2022 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?

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

8. Please share additional 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.)

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:** _____

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