



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, letters of recommendation, statements of affirmation, and transcripts must be received via email by Friday, May 31ST, 2024 for an applicant to be considered for the Fall 2024 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*
- 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, statement of affirmation, and three letter of recommendation 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 letter of recommendation forms.**
Distribute the **three** letter of recommendation forms to your references. *Remind them of the due date. These cannot be submitted with your application. **They must be emailed directly to the foundation from your references. It is your responsibility to verify that your letters have been submitted by the due date.***
- Distribute the Statement of Affirmation form to your high school/home school guidance counselor or your college/university advisor. *Remind them of the due date. These cannot be submitted with your application. **They must be emailed directly to the foundation from your school. It is your responsibility to verify that this form has been submitted by the due date.***
- Applicant should email 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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SCHOLARSHIP APPLICATION SEMESTER FALL 2024

MUST BE RECEIVED NO LATER THAN FRIDAY, MAY 31, 2024

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: _____

Funding the Scholarship Award: (This address may be different than the institution's main mailing address)

Name of School: _____

Department funds go to: _____ 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?
YES OR NO _____**

If yes, please write your essay about Donnie Ray Crawford 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. Please be mindful of 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? _____

I hereby acknowledge that all information provided in this 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 high school or home school students enrolling in college.

Must be received no later than Friday, May 31st, 2024 for the Fall 2024 Semester

TO BE FILLED OUT BY APPLICANT

I give my permission to disclose 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 email the completed form directly to:

Administrator@DonnieRayCrawford.com

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.

*Must be received no later than
Friday, May 31st 2024, for the Fall 2024 Semester*

TO BE FILLED OUT BY APPLICANT

I give my permission to disclose 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 College/University: _____

Applicants Signature: _____ **Date:** _____

TO BE FILLED OUT BY ADVISOR - Please email the completed form directly to:

Administrator@DonnieRayCrawford.com

_____ 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.



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DONNIE RAY CRAWFORD
Legacy Foundation

LETTER OF RECOMMENDATION FALL 2024 SEMESTER

Must be received no later than Friday, May 31st, 2024

Name of Applicant: _____

Donnie Ray Crawford Legacy Foundation Scholars are selected primarily based on integrity, work ethic, motivation, dedication, communication skills, positive attitude, responsibility, dependability, sportsmanship, compassion and perseverance.

Please confirm and elaborate on the qualities you feel this applicant personifies.

Your Name _____

Title _____ Place of Employment _____

Address _____

Phone Number _____ Alt Phone Number _____

Email Address _____

How long have you known the applicant? _____

In what capacity: _____

Please sign and email this completed form along with your letter of recommendation to:
Administrator@DonnieRayCrawford.com.

Your evaluation will become part of the applicant's confidential file, for use only by the Donnie Ray Crawford Legacy Foundation Board. It will not be released to the applicant.

Must receive no later than Friday, May 31st, 2024.