



## 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](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, letters of recommendation, statements of affirmation, and transcripts must be received via email by Friday, December 29, 2023, for an applicant to be considered for the Spring 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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Email: [Administrator@DonnieRayCrawford.com](mailto:Administrator@DonnieRayCrawford.com)

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

## SCHOLARSHIP APPLICATION SEMESTER SPRING 2024

MUST BE POSTMARKED NO LATER THAN FRIDAY, DECEMBER 29, 2023

### 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, December 29, 2023, for the Spring 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, December 29, 2023, for the Spring 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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*Legacy Foundation*

## LETTER OF RECOMMENDATION SPRING 2024 SEMESTER

Must be received no later than Friday, December 29, 2023

**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, December 29, 2023.**