Donnie Ray Crawford Legacy Foundation
3737 S. 273 E Ave.
Broken Arrow, OK 74014
Phone: 405-219-2255
Email: Scholarships@DonnieRayCrawford.com

WELCOME

Thank you for your interest in the Donnie Ray Crawford Legacy Foundation.

The mission of the foundation includes three areas of service, one of which is providing financial assistance to selected individuals pursuing post-secondary education.

Scholarships are available not only for traditional college programs, but also for applicants pursuing a degree, certification, trade school, or vocational training. Assistance is limited to the equivalent of one bachelor's degree or one qualifying program of study.

Applicants who are not selected are welcome and encouraged to reapply for future semesters.

Scholarship recipients may be eligible to apply for renewal awards for future semesters. Recipients who maintain a cumulative 3.75 GPA and meet foundation requirements may qualify. A separate renewal application is required, and it is the recipient's responsibility to submit all required renewal materials by the stated deadline.

All scholarship recipients will be notified by telephone and/or email. Scholarship funds will be paid directly to the educational institution in which the recipient is enrolled. Each award applies to the upcoming academic semester.

For consideration for the Spring 2027 semester, all applications, letters of recommendation, statements of affirmation, and transcripts must be received by email at Scholarships@DonnieRayCrawford.com no later than Friday, January 1, 2027.

ELIGIBILITY REQUIREMENTS

* Be enrolled as a full-time student at a post-secondary educational institution
* Be a United States citizen or current student visa holder
* Have a high school diploma, GED equivalent, or transcript showing current academic standing
* If homeschooled, provide an official ACT score of 20 or higher
* Not have been on academic probation within the past two years
* Have a minimum 2.5 GPA on a 4.0 scale
* Be in good financial standing with their educational institution
* Submit a completed scholarship application and required essay.
* Provide a transcript showing current academic standing.
* Ensure the Statement of Affirmation and three letters of recommendation are submitted by the appropriate individuals using the forms included in this packet.
* Submit a completed scholarship application, essay, transcript, statement of affirmation, and three letters of recommendation. Applicable forms are included in this packet.

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APPLICANT INSTRUCTIONS

Please review this checklist carefully. Incomplete, late, or improperly submitted applications will not be considered.

☐ Email the Letter of Recommendation forms to three references. Family members may not serve as references. References must submit their recommendation directly to the foundation as an attachment in PDF or Word format. It is the applicant's responsibility to confirm all letters are received by the deadline.

☐ Email the Statement of Affirmation form to your high school counselor, homeschool administrator, or college/university advisor. This form must be emailed directly to the foundation by your school representative. It is the applicant's responsibility to confirm it is received by the deadline.

☐ Request or obtain your most current available transcript. If final grades for the current semester are not yet posted, submit the most recent transcript available by the deadline.

☐ Complete pages 1–6 of the scholarship application packet. Applicants may print the packet or complete it electronically using a PDF filler program, if available.

☐ Write the required essay.

☐ Submit all applicant-required documents together in one complete email to Scholarships@DonnieRayCrawford.com by the stated deadline. Incomplete submissions or documents submitted in separate emails may not be considered.

Transcript Requirement: Official electronic transcripts are preferred. If final grades are not yet available, applicants may submit the most current transcript available by the deadline. Selected applicants will be required to provide a final official transcript.

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SCHOLARSHIP APPLICATION
SPRING 2027 SEMESTER

Must be received via email no later than Friday, January 1, 2027.

BIOGRAPHICAL INFORMATION

Full Legal Name:
_____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Birth Date: _____ Age: _____ Gender: _____ Shirt Size: _____

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

COLLEGE / UNIVERSITY INFORMATION

School Planning to Attend: _____

Planned Major / Minor: _____

Will you be enrolled as a full-time student? ☐ Yes ☐ No

Expected Graduation / Completion Date (MM/YYYY): _____

Have you previously completed a bachelor's degree or equivalent program? ☐ Yes ☐ No

Student ID (Required): _____

SCHOLARSHIP PAYMENT INFORMATION

Institution Name: _____

Department / Office: _____

Attention: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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HIGH SCHOOL / HOMESCHOOL INFORMATION

For first-time students enrolling full-time in college

School Name: _____

GPA: _____ Scale: _____ Class Rank: _____ ACT/SAT Score: _____

Achievements While in School:

_____

_____

Sports / Extracurricular Activities:

_____

_____

CURRENT COLLEGE / UNIVERSITY INFORMATION

Most Recent College Attended: _____

Student ID: _____

Current GPA: _____ Scale: _____ ACT / SAT Score: _____

Dates Attended: From _____ To _____

Major / Minor: _____

Achievements While in School:

_____

_____

Sports / Extracurricular Activities:

_____

_____

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PREVIOUS COLLEGE / UNIVERSITY INFORMATION *(If applicable) *

Second Most Recent College Attended: _____

Current GPA: _____ Scale: _____

Dates Attended: From _____ To _____

Major / Minor: _____

Achievements While in School:

_____

_____

Sports / Extracurricular Activities:

_____

_____

PERSONAL LIFE

Interests:

_____

_____

Religious Affiliation / Place of Worship:

_____

_____

Short-Term Goals *(5 years or less)*

_____

_____

_____

Long-Term Goals (10 years or more)

_____

_____

_____

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WORK INFORMATION

Most Current Employment

Employer Name:

_____

Dates Worked: From _____ To_____

Type of Business: _____

Hours Per Week: _____

Phone: _____ Alternate Phone: _____

Second Most Current Employment

Employer Name:

_____

Dates Worked: From _____ To_____

Type of Business: _____

Hours Per Week: _____

Phone: _____ Alternate Phone: _____

Third Most Current Employment

Employer Name:

_____

Dates Worked: From _____ To_____

Type of Business: _____

Hours Per Week: _____

Phone: _____ Alternate Phone: _____

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PUBLIC SERVICE INFORMATION

Community Involvement / Public Service

Activity 1

Activity: _____ Role: _____

Dates: From _____ To _____

Activity 2

Activity: _____ Role: _____

Dates: From _____ To _____

Activity 3

Activity: _____ Role: _____

Dates: From _____ To _____

Leadership Roles

Examples: Student Government, Athletic Coach, Managerial Positions, etc

Leadership Role 1

Organization: _____ Title: _____

Number of Individuals Supervised: _____

Dates: From _____ To _____

Leadership Role 2

Organization: _____ Title: _____

Number of Individuals Supervised: _____

Dates: From _____ To _____

Leadership Role 3

Organization: _____ Title: _____

Number of Individuals Supervised: _____

Dates: From _____ To _____

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ESSAY REQUIREMENT

Prior to completing this application, did you have any knowledge of Donnie Ray Crawford?

☐ Yes ☐ No

If you answered **Yes,** write your essay about Donnie Ray Crawford's legacy and how his life, character, or example has influenced, or could influence, your life.

If you answered **No**, please research Donnie Ray Crawford and write your essay about the legacy, qualities, and values you believe he embodied.

This essay is an important part of the application process and should reflect **your own thoughts** and effort. Content, originality, grammar, punctuation, spelling, and overall quality will be considered.

ADDITIONAL INFORMATION

Are you currently receiving any other scholarships or financial assistance? ☐ Yes ☐ No

If yes, please specify:

_____

How do you intend to use the Donnie Ray Crawford Legacy Foundation scholarship?

☐ Tuition ☐ Housing ☐ Books ☐ Other (please specify): _____

The foundation may publish photos and other recipient information on its website or social media platforms. Recipients may also be asked, from time to time, to share how the scholarship has helped them.

If selected, are these reasonable requests of you? ☐ Yes ☐ No

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APPLICANT CERTIFICATION

I hereby certify that all information provided in this application is true, accurate, and complete to the best of my knowledge.

Printed Name of Applicant: _____

Signature of Applicant: _____

Date: _____

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STATEMENT OF AFFIRMATION

High School / Homeschool Guidance Counselor

Required for high school or homeschool students enrolling in college. Must be received by email no later than Friday, January 1, 2027, for the Spring 2027 semester. Applicant does not submit this form to the foundation. Please follow directions.

TO BE COMPLETED BY APPLICANT

I authorize the release of information deemed necessary regarding my past and current enrollment at this institution for scholarship review purposes. I understand this form will be submitted to the Donnie Ray Crawford Legacy Foundation and treated as confidential. I waive my right to review confidential statements submitted on this form.

Applicant Name: _____

High School / Homeschool Name: _____

Applicant Signature: _____

Date: _____

TO BE COMPLETED BY COUNSELOR

Please email the completed form directly to: Scholarships@DonnieRayCrawford.com

Submission deadline: Friday, January 1, 2027.

Please check one:

☐ This applicant is currently on track to successfully meet the graduation requirements of the state of _____ Expected Graduation Date: _____

☐ This applicant has successfully met the graduation requirements of the state of _____ Graduation Date: _____

Has this applicant been on academic probation within the past two years? ☐ Yes ☐ No

Additional Comments: _____

_____

Printed Name of Counselor: _____

Email: _____ **Phone**: _____

Counselor Signature: _____. **Date**: _____

Questions? Contact Jake Rosario: 405-219-2255.

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STATEMENT OF AFFIRMATION

College / University Advisor

Required for college students currently enrolled in college. Must be received by email no later than Monday, January 1, 2027, for the Fall 2027 semester. Applicant does not submit this form to the foundation. Please follow directions.

TO BE COMPLETED BY APPLICANT

I authorize the release of information deemed necessary regarding my past and current enrollment at this institution for scholarship review purposes. I understand this form will be submitted to the Donnie Ray Crawford Legacy Foundation and treated as confidential. I waive my right to review confidential statements submitted on this form.

Applicant Name: _____

College / University Name: _____

Applicant Signature: _____

Date: _____

TO BE COMPLETED BY ADVISOR

Please email the completed form directly to: Scholarships@DonnieRayCrawford.com

Submission deadline: Friday, January 1, 2027.

☐ I affirm this applicant meets the criteria established by this institution for enrollment, is in good academic and financial standing, and is enrolled as a full-time student.

☐ I am unable to affirm the statement above. Please explain_____

_____

Has this applicant been on academic probation within the past two years? ☐ Yes ☐ No

Additional Comments: _____

Printed Name of Advisor: _____

Email: _____ **Phone**: _____

Advisor Signature: _____ **Date**: _____

Questions? Contact Jake Rosario: 405-219-2255

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LETTER OF RECOMMENDATION

SPRING 2027 SEMESTER

Must be received by email no later than Friday, January 1, 2027.

This recommendation will become part of the applicant's confidential file for use only by the Donnie Ray Crawford Legacy Foundation Board and will not be released to the applicant. Applicant does not submit this form to the foundation. Please follow directions.

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____

TO BE COMPLETED BY RECOMMENDER

Please attach your letter of recommendation addressing the applicant's qualifications, character, and why you believe they are deserving of this scholarship.

Your Name: _____

Title: _____ Place of Employment: _____

Address: _____

Phone: _____ Alternate Phone: _____

Email: _____

How long have you known the applicant? _____ In what capacity? _____

Please email this completed form, along with your letter of recommendation to:
Scholarships@DonnieRayCrawford.com

The letter of recommendation must be attached as a PDF or Word document. Letters written only in the body of an email may not be accepted.

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

Submission deadline: Friday, January 1, 2027

Signature: _____

Date: _____

Questions? Contact Jake Rosario: 405-219-2255