



# GlaxoSmithKline Opportunity Scholarship

## BACKGROUND

In 1988 GlaxoSmithKline made a significant gift to its home community by creating the GlaxoSmithKline Opportunity Scholarship Fund. Administered by Triangle Community Foundation, this Fund offers residents of Durham, Orange, or Wake County who have overcome significant adversity the opportunity to pursue their dreams and improve their lives through higher education.

## WHO IS ELIGIBLE?

To be eligible to receive the GlaxoSmithKline Opportunity Scholarship, and applicant must:

- Be a U.S. Citizen for a minimum of one year;
- Reside in Durham, Orange, or Wake counties for at least the previous 12 months;
- Be eligible to receive North Carolina resident tuition costs;
- The applicant must demonstrate the potential to succeed despite adversity and have an exceptional desire to improve himself or herself through further education or training. Past recipients, for example, have included individuals who have overcome physical and sexual abuse, as well as homelessness as children, a recovering alcohol and heroin addict finishing a pre-law program, a young man living with Hodgkin's disease who just completed the physician's assistant program, and a woman who raised three children on her own, survived bankruptcy and clinical depression, and who is now studying to be a teacher of the deaf at a small four-year college. Due to the nature of the scholarship, high school students seeking general scholarship assistance are discouraged from applying unless they have faced significant adversity;
- There are no limitations on age, income level or previous education. Similarly, there are no limitations on the course of study the applicant is planning to pursue. Scholarships may be used to begin a new program of study or continue a program in which the applicant is already enrolled.
- Scholarships may be used only for **public state universities or community colleges in North Carolina.**

Awards will be made without regard to race, creed, color, sex, age or national origin. GlaxoSmithKline and Triangle Community Foundation employees or their family members are not eligible. Award recipients are required to attend the Opportunity Scholarship award ceremony, held on **July 18, 2012**.

## WHAT DOES THE SCHOLARSHIP COVER?

The Scholarship may be applied toward expenses for tuition, required fees, and required books or materials not covered by other financial aid, up to four years and up to \$5,000 per year. It is automatically renewable provided the recipient remains a student in good standing in the program he or she has chosen. The Scholarship does not cover living expenses such as room and board, transportation, or child care. The scholarship may be used only for state universities or community colleges in North Carolina. Those attending or planning to attend private or independent colleges or universities are not eligible.

## HOW DOES ONE APPLY?

In **ONE** envelope, applicants must submit:

- A completed application form,
- A typed answer to the narrative question (page 3 and 4 of the application form),
- Signed Photographic and Personal Release Form (page 5 of the application form),
- Official transcripts from each high school and institution of higher education the applicant has attended in the past five years, and
- A recommendation in a signed and sealed envelope from one person who knows the applicant well (not a family member). The recommendation is a critical part of the application; it is wise to choose someone who can specifically address the applicant's adversity and desire for further education.

All application materials (including enclosures) must be postmarked on or before **March 15th** and mailed to the address below:

**Triangle Community Foundation**  
**Attn: GSK Opportunity Scholarship**  
**324 Blackwell Street, Suite 1220**  
**Durham, NC 27701**

Applications sent to any other address will not be accepted.

Please do not submit any additional materials with your application that are not requested. They will not be reviewed with your application, nor will they be returned to you.

## WHO CHOOSES THE RECIPIENTS?

Applications are screened by Triangle Community Foundation, and final decisions are made by a Selection Committee of community leaders who are knowledgeable about education. Eligibility and awards are determined at the sole discretion of the selection committee. All decisions made by the selection committee are final.

## WHEN WILL APPLICANTS BE NOTIFIED?

Letters of notification will be mailed to all applicants by June 1. If notification of the decision has not been received by June 10, please contact Triangle Community Foundation. Payments will be made to the institution or program on the student's behalf, not directly to the student.

## WHOM SHOULD I CONTACT IF I HAVE QUESTIONS?

Questions regarding the GlaxoSmithKline Opportunity Scholarship should be addressed to Gina Andersen, Scholarships and Community Outreach Coordinator, Triangle Community Foundation, (919) 474-8370 or [Gina@trianglecf.org](mailto:Gina@trianglecf.org).

**Please do not contact GlaxoSmithKline directly.**

## ■ APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
FIRST MIDDLE LAST

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

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: (if different) ( \_\_\_\_\_ ) \_\_\_\_\_  
Where you can be reached concerning the application.

Email: \_\_\_\_\_ Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a U.S. Citizen:  Yes  No (Only U.S. Citizens are eligible to receive the GlaxoSmithKline Opportunity Scholarship)  
If you were not born in the U.S., when did you become a citizen? Date (Month/Year): \_\_\_\_\_

County of Residency:  Durham  Orange  Wake (Only permanent residents of Durham, Orange, and Wake County for at least 1 year are eligible.)  
If you were not born in this county, when did you become a resident? Date (Month/Year): \_\_\_\_\_

Have you applied for this scholarship before?  Yes  No If yes, date(s): \_\_\_\_\_

## ■ EDUCATION PROGRAM For Which Scholarship Funds Are Requested:

Name of College/University or Community College: \_\_\_\_\_

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

Have you been accepted?  Yes  No If no, expected notification date: \_\_\_\_\_  
Note: You must have applied to the program by the date of this application in order to be considered.

Will you attend  Full-time?  Part-time? (If part time, number of credit hours per term ) \_\_\_\_\_

Number of terms to Expected Date of Completion for which funding is needed. \_\_\_\_\_ Semesters \_\_\_\_\_ Quarters

Briefly describe the program in which you intend to enroll: \_\_\_\_\_  
e.g, AA in electronics, BS in nursing

Are you receiving financial aid?  Yes  No If yes, amount and source. \_\_\_\_\_

## ■ EDUCATION AND WORK HISTORY

PREVIOUS EDUCATION (e.g., high school, community college, college/university)

Please submit **official transcripts for EACH high school or institution of higher education** you are attending or have attended in the past five years. Request your transcripts immediately. It may take 4-6 weeks for the institution to process the transcripts, and they must be included with your application.

Name of Institution or Program	Dates of Attendance	Degree (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE (if applicable). Please use this space and do not attach a resume.

Employer	Position	Dates of Employment	Full or Part Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VOLUNTEER OR EXTRA-CURRICULAR ACTIVITIES (if applicable).

Activity	Dates of Participation
_____	_____
_____	_____
_____	_____

History of Promotions, Awards, Honors, or Significant Achievements related to jobs or scholastics and date received

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RECOMMENDATION

You must have one person who knows you well, and is not a relative, complete and submit the recommendation form in a signed and sealed envelope. Include this envelope when submitting your application. The recommendation is a very important part of the application, so be sure to select someone who can describe your adversity and your desire to better yourself through further education. (Page 6 of this application is the recommendation form.)

List the name and your relationship to the person you have asked to provide the required recommendation.

Name	Relationship
_____	_____

I certify that I am a U.S. Citizen. I have a **permanent residence (for at least the past twelve months)** in Durham, Orange or Wake County, and that all information in this application is true and complete to the best of my knowledge. I also certify that I am not currently employed by GlaxoSmithKline or Triangle Community Foundation (employees and their families are not eligible.) I understand that if I am selected for a scholarship, I will be required to attend an award ceremony on July 18, 2012.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Completed application, narrative question, transcripts, release form and recommendation forms must be postmarked by March 15, and submitted to the address below. Applications sent to any other address will not be accepted.

Triangle Community Foundation  
Attn: GSK Opportunity Scholarship  
324 Blackwell Street, Suite 1220  
Durham, NC 27701

## ■ NARRATIVE QUESTION

This scholarship is awarded to persons who “have the potential to succeed despite adversity and have an exceptional desire to better themselves through further education.”

Please respond to the three statements below by typing your answers directly on this sheet (plus one side of an additional page if needed). The Selection Committee will judge the content of your answers and not your writing or grammatical style. Please number your answers to match the statements.

1. Share the circumstances of your adversity: being as detailed as possible, outline the adversity that you are overcoming or have overcome.
2. Share the accomplishments you have achieved despite your adversity
3. Outline your current/future educational goals and the ways (if any) in which your adversity has influenced these goals. Please provide evidence of your desire to better yourself through further education, and your potential to reach your carefully chosen goals.



**PHOTOGRAPHIC AND PERSONAL RELEASE**

I/We hereby grant GlaxoSmithKline llc, Triangle Community Foundation, and any licensees or assignees, the absolute right to use my photograph(s) and any other reproductions or adaptations, my name, likeness, biographical and other information relating to me in connection with the GlaxoSmithKline Opportunity Scholarship for:

- Both internal and external use
- Full Library use
- World-wide
- 50 Years License

I/We understand that the images, my name, likeness, biographical and other information will be used for company purposes and that I/we have no interest in the copyright, or moral rights, of the images, my name, likeness, biographical and other information.

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

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

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

## RECOMMENDATION FORM

Please return this recommendation to the applicant in a sealed envelope with your signature across the seal. Applications must be postmarked by March 15 for the applicant to be considered.

### COMPLETED BY APPLICANT:

I hereby freely and voluntarily waive my right to access to any information contained on this recommendation form.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  I prefer not to sign

### COMPLETED BY RECOMMENDER:

This scholarship is awarded to “persons who have the potential to succeed despite adversity and have an exceptional desire to better themselves through further education.” Your recommendation is a critical part of the scholarship decision and will be shared with the Selection Committee. The information you provide will be kept confidential.

Please confine your remarks to the space provided on this page (plus one side of an additional page if needed), and type or print neatly using black ink. Please return your response to the applicant in a SEALED envelope with your signature across the seal.

Recommender’s Name (please print) \_\_\_\_\_

Please respond to the following questions/statements, and number your answers to match your responses to each. Thank you.

1. How long have you known the applicant?
2. In what capacity do you know the applicant?
3. Please share what you know of the applicant’s circumstances and adversity; being as detailed as possible: outline the adversity that is being overcome or has been overcome.
4. Please share information about the applicant’s accomplishments and future goals that would demonstrate the characteristics on which the scholarship is based.
5. Please share any other information that you deem relevant.

## ■ APPLICATION CHECKLIST

### APPLICATION MATERIALS:

- Completed Application form including:
  - Contact information
  - U.S. Citizenship status
  - County of Residency
  - Educational Program
  - Education and Work History
  - Signature
  
- Complete answer to the Narrative Question (preferably typed)
  
- Official copies of transcripts from EACH high school or institution of higher learning the applicant is currently attending or has attended in the past five years.
  
- Completed recommendation form in a signed and sealed envelope.

### BEFORE SUBMITTING:

- All of my application materials are in ONE envelope.
- I have not included any materials that are not listed above.
- My envelope is addressed to:
  - Triangle Community Foundation
  - Attn: GSK Opportunity Scholarship
  - 324 Blackwell Street, Suite 1220
  - Durham, NC 27701
- I am able to attend the award ceremony on **July 18th, 2012**.

Questions regarding the GlaxoSmithKline Opportunity Scholarship should be addressed to Gina Andersen, Scholarships and Community Outreach Coordinator, Triangle Community Foundation, [Gina@trianglecf.org](mailto:Gina@trianglecf.org) or (919) 474-8370.