THE PROGRAM

The Bennett Clayton Foundation for Children with OI has established a scholarship program to assist students with Osteogenesis Imperfecta who plan to continue education in college or vocational school programs. Renewable scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship America®, the nation's largest designer and manager of scholarship, tuition assistance and other education support programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

ELIGIBILITY

Applicants to the Bennett Clayton Foundation Scholarship Program must be -

♦ Diagnosed as having Osteogenesis Imperfecta (OI) substantiated by doctor’s statement,
♦ High school seniors and undergraduates who reside in Minnesota, Wisconsin, Iowa, North Dakota or South Dakota,
♦ Planning to enroll in full-time undergraduate study at an accredited two-year or four-year college, university, or vocational-technical school for the entire upcoming academic year.

AWARDS

If selected as a recipient, the student will receive a $3,000 award. The award may be renewed for up to three additional years or until a bachelor’s degree, or equivalent, is earned, whichever occurs first. Renewal is contingent upon satisfactory academic performance in full-time study and continuation of the program by The Bennett Clayton Foundation.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the attached application and mail it along with a current, complete transcript of grades and a doctor's statement with diagnosis of OI to Scholarship America postmarked no later than March 1. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application, via email. If an acknowledgment email is not received within three weeks, applicants may call Scholarship America to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship America.
**SELECTION OF RECIPIENTS**

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, personal statement, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Selection of recipients is made by Scholarship America. In no instance does any officer or employee of The Bennett Clayton Foundation play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified by early May. Not all applicants to the program will be selected as recipients.

**PAYMENT OF SCHOLARSHIPS**

Scholarship America processes scholarship payments on behalf of The Bennett Clayton Foundation. Payments are made in one installment on August 1. Checks are mailed to each recipient's home address and are made payable to the school for the student.

**OBLIGATIONS**

Recipients have no obligation to The Bennett Clayton Foundation. They are, however, required to supply Scholarship America with complete transcripts when requested and to notify Scholarship America of any changes of address, school enrollment, or other relevant information.

**REVISIONS**

The Bennett Clayton Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

**ADDITIONAL INFORMATION**

Questions regarding the scholarship program should be addressed to:

**Bennett Clayton Foundation Scholarship Program**

Scholarship America  
One Scholarship Way  
Saint Peter, MN 56082

Telephone: (507) 931-1682
BENNETT CLAYTON FOUNDATION
SCHOLARSHIP PROGRAM

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
Completeness and neatness ensure your application will be reviewed properly. Application postmark deadline March 1

FOR SCHOLARSHIP AMERICA USE ONLY

<table>
<thead>
<tr>
<th>LD. #</th>
<th>AA</th>
<th>PD</th>
<th>RIC/CS</th>
<th>GPA</th>
<th>SATCR</th>
<th>SATM</th>
<th>SATW</th>
<th>ACTC</th>
<th>TOTAL</th>
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APPLICANT DATA
Last Name ____________________ First ____________________ Middle Initial ____________
Permanent Home
Mailing Address ____________________ Apartment # ____________
City ____________________ State ____________________ ZIP Code ____________
Telephone ( ________ ) ____________ Date of Birth: Month ________ Day ________ Year ________
Email Address ____________________

Please indicate your status. (For statistical purposes only)

☐ Male ☐ Female
☐ American Indian/Alaska Native ☐ Black/African American ☐ Multi-Racial ☐ White
☐ Asian ☐ Hispanic/Latino ☐ Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION
Last Name ____________________ First ____________________ Middle Initial ____________
Address ____________________
Relationship to Applicant ____________________ Day Telephone ( ________ ) ____________
Email Address ____________________ Fax Number ( ________ ) ____________

HIGH SCHOOL DATA
School Name ____________________ High School Graduation Date: Month ________ Year ________
City ____________________ State ____________ Telephone ( ________ ) ____________

POST-SECONDARY SCHOOL DATA
Name of postsecondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names. Do not use abbreviations.

________________________________________ City ____________________ State ________
________________________________________ City ____________________ State ________

☐ 4 yr. College or University ☐ 2 yr. Community or Junior College
☐ Vocational-Technical School ☐ Other, explain ____________________

Year in school next year: 1 2 3 4 5
Major or course of study ____________________ Expected college graduation date: Month ________ Year ________

Degree sought: ☐ Bachelor ☐ Associate ☐ Certificate ☐ Other ____________________
Sending a résumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

**WORK EXPERIENCE**

Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate number of hours worked each week.

<table>
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<tr>
<th>Employer/Position</th>
<th>From - Mo/Yr</th>
<th>To - Mo/Yr</th>
<th>Hours per Week</th>
<th>Were you paid for your work?</th>
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<td>YES / NO</td>
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<td>YES / NO</td>
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**ACTIVITIES, AWARDS AND HONORS**

List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

<table>
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<tr>
<th>Activity</th>
<th>No. of Years Partic.</th>
<th>Special Awards, Honors</th>
<th>Offices Held</th>
<th>Activity</th>
<th>No. of Years Partic.</th>
<th>Special Awards, Honors</th>
<th>Offices Held</th>
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**GOALS AND ASPIRATIONS**

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**PERSONAL STATEMENT**

Please describe the impact Osteogenesis Imperfecta (OI) has had on your life.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**UNUSUAL CIRCUMSTANCES**

Please describe how and when any other unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**To the Applicant:** This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

**To the Adult Appraiser:** You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

<table>
<thead>
<tr>
<th>The applicant’s choice of a postsecondary educational program is</th>
<th>extremely appropriate</th>
<th>very appropriate</th>
<th>moderately appropriate</th>
<th>inappropriate</th>
</tr>
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<td>The applicant’s achievements reflect his/her ability</td>
<td>extremely well</td>
<td>very well</td>
<td>moderately well</td>
<td>not well</td>
</tr>
<tr>
<td>The applicant’s ability to set realistic and attainable goals is</td>
<td>excellent</td>
<td>good</td>
<td>fair</td>
<td>poor</td>
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<tr>
<td>The quality of the applicant’s commitment to school and/or community is</td>
<td>excellent</td>
<td>good</td>
<td>fair</td>
<td>poor</td>
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<td>The applicant is able to seek, find, and use learning resources</td>
<td>extremely well</td>
<td>very well</td>
<td>moderately well</td>
<td>not well</td>
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<td>The applicant demonstrates curiosity and initiative</td>
<td>extremely well</td>
<td>very well</td>
<td>moderately well</td>
<td>not well</td>
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<tr>
<td>The applicant demonstrates good problem-solving skills, follows through, and completes tasks</td>
<td>extremely well</td>
<td>very well</td>
<td>moderately well</td>
<td>not well</td>
</tr>
<tr>
<td>The applicant’s respect for self and others is</td>
<td>excellent</td>
<td>good</td>
<td>fair</td>
<td>poor</td>
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Comments:

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Appraiser’s Name ______________________________ Title __________________________ Telephone ( ______ ) ______________

Signature ______________________________ Organization ______________ Date ______________

**TRANSCRIPT INFORMATION**

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. **Students currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. (Completion of high school information below is not necessary.)

2. **High school seniors and students who have completed less than one full quarter or semester of postsecondary education must** include a high school transcript of grades and have this section completed by the appropriate school official. *(A clear explanation of the high school’s grading scale must also be submitted.)*

<table>
<thead>
<tr>
<th>Applicant ranks _______ in a class of _______</th>
<th>Cumulative Grade Point Average</th>
<th>SAT</th>
<th>ACT</th>
</tr>
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<td>Weighted: _______/4.0 scale</td>
<td>Critical Reading</td>
<td>Math</td>
</tr>
<tr>
<td></td>
<td>Unweighted: _______/4.0 scale</td>
<td>English</td>
<td>Math</td>
</tr>
</tbody>
</table>

School Official’s Signature ______________ Date ______________ Title __________________________ Telephone ( ______ ) ______________

School Official’s Address: Street ______ Cty ______ State ______ ZIP Code ______________

**APPLICATION CHECKLIST**

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)
- Doctor’s statement with OI diagnosis

**Postmark deadline March 1**

**CERTIFICATION**

Scholarship America has the sole responsibility for selecting recipients based on criteria as set forth in the program’s description. This application becomes complete and valid only when all of the following materials have been received:

- All materials, including transcript, must be addressed to:
  Bennett Clayton Foundation Scholarship Program
  Scholarship America
  One Scholarship Way
  Saint Peter, MN 56082

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature __________________________ Date ______________

Parent’s Signature __________________________ Date ______________