

# The Kristofer Robinson Scholarship of Communities Foundation of Texas

## Application Packet

**Criteria:** Scholarships awarded annually to paraplegic and quadriplegic students who are residents of the state of Texas. Assistance is provided for tuition, books, and necessary appliances related to the particular needs of the student to pursue an education at any accredited school in the state of Texas, whether public or private, including elementary school, junior high school, high school, technical school, college or university, and graduate school. This award of up to \$5,000 per year is renewable for up to four years.

**Please Note:** CFT employees, volunteers, trustees, and any relatives of such individuals are **not** eligible for CFT-administered scholarships.





## The Kristofer Robinson Scholarship

The Kristofer Robinson Scholarship Fund awards up to four scholarships annually to paraplegic and quadriplegic students who are residents of the state of Texas. Students will each receive an award of up to \$5,000/year and may apply to renew the scholarship for up to four years. Selection is based on school and civic activities, future goals, and financial need.

### Application Requirements

Applicants must:

- 1) Be a resident of the state of Texas
- 2) Be a paraplegic or quadriplegic (tetraplegic)
- 3) Be in need of financial assistance to attend school

### Application Procedure

Applicants should submit the following to Communities Foundation of Texas (CFT):

- 1) A completed application form
- 2) A certified copy of the applicant's most recent academic transcript
- 3) Two completed recommendation forms
- 4) A signed copy of the most recent tax return of the applicant's parent(s) or legal guardian (1040, 1040A, 1040EZ only; supporting schedules need not be included). And, if available, a copy of the applicant's most recent tax return.\*

**Deadline for Application: NONE**

### Selection Process

The staff of CFT and the scholarship advisory committee will screen all initial applications; the most qualified applicants may be asked to interview with the scholarship advisory committee. The committee will make recommendations regarding the awarding of this scholarship to the Trustees of CFT. All scholarships will be awarded by the Trustees of CFT.

### Recipient Responsibilities

Once the student has agreed to accept this scholarship, he/she must keep CFT informed of any address or school changes and respond to all correspondence. Scholarship monies will be sent directly to the chosen academic institution upon notice of enrollment and/or receipt of the previous semester's transcript. Failure to complete any of these requirements may result in a loss of the scholarship or a delay in processing checks to schools.

For further information, contact the Donor Services Department of CFT at (214) 750-4222 or at [scholarships@cftexas.org](mailto:scholarships@cftexas.org).

## Application Instructions

### The Kristofer Robinson Scholarship of Communities Foundation of Texas

Each applicant must mail their completed original application to Communities Foundation of Texas. Please:

- Download the application.
- Type your application; if you are unable to type the document, you must print neatly in ink; do not use pencil.
- Be certain all application pages, attachments, and supporting documents are labeled with the applicant's name.
- Use paperclips; do not staple any portion of the application.
- Mail or deliver application materials in a flat envelope; do not fold application.
- Incomplete applications will not be considered.

#### Application checklist:

- Completed, signed application (pages 4 – 9)
- Attached Personal Statement (see page 9)

#### Additional documents required:

- Certified copy of the applicant's most recent academic transcript
- Two completed recommendation forms (pages 10 – 12). *Recommendations may come from anyone, including physicians, academic instructors/advisors, community leaders, and other adults/mentors who are not a relative or legal guardian.*
- A signed copy of the most recent tax return of the applicant's parent(s) or legal guardian (1040, 1040A, 1040EZ only; supporting schedules need not be included). And, if available, a copy of the applicant's most recent tax return.\*

The complete application, which includes all documents listed above, must be delivered to CFT at the following address:

Communities Foundation of Texas  
**ATTN: The Kristofer Robinson Scholarship**  
5500 Caruth Haven Lane  
Dallas, Texas 75225-8146

If you have any questions, please call the Donor Services Department of CFT at (214) 750-4222.

*\* Note: The information contained in this application and the attached supporting documents will be used to evaluate the applicant for a scholarship offered by Communities Foundation of Texas. In an effort to ensure the privacy of the applicant and his/her family, the tax information provided by the applicant in the Form 1040 and any other relevant documents that may portray the applicant's income or the applicant's parents' income will be reviewed only by the staff of Communities Foundation of Texas and will not be released to any parties external to the Foundation including the scholarship advisory committee. Additionally, applicants may black-out the social security numbers of all parties on the Form 1040.*

Applicant Name: \_\_\_\_\_

## The Kristofer Robinson Scholarship of Communities Foundation of Texas

### I. Personal and Family Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

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

Primary Telephone Number: \_\_\_\_\_ Gender:    male        female

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you, to your knowledge, in any way related to or acquainted with a member of the staff of Communities Foundation of Texas, one of its Trustees or donors, or any other persons involved in the affairs of the Foundation, including the scholarship advisory committee?    yes        no

If yes, please name the person(s) and indicate your relationship: \_\_\_\_\_

**Please Note:** CFT employees, volunteers, trustees, and any relatives of such individuals are **not** eligible for CFT-administered scholarships.

With whom do you live?                      both parents        mother        father        other: \_\_\_\_\_  
*please specify*

Parent(s)/Legal Guardian(s) Name(s)	Occupation	Highest Level of Education
_____	_____	_____
_____	_____	_____

Do both parents contribute financially to your support now and will they continue to do so while you are in school?

yes    no                      Please explain, if necessary:

\_\_\_\_\_

Sibling(s) Name	Age	In college?	Sibling(s) Name	Age	In college?
_____	_____	yes    no	_____	_____	yes    no
_____	_____	yes    no	_____	_____	yes    no
_____	_____	yes    no	_____	_____	yes    no

Applicant Name: \_\_\_\_\_

## The Kristofer Robinson Scholarship of Communities Foundation of Texas

### II. Academic and Extracurricular Information – please complete either sub-section (A) or (B).

A. This sub-section is for students who have not yet reached high school. Once completed, please continue to section III. Financial Information (page 8).

Name of Current School: \_\_\_\_\_ City and State: \_\_\_\_\_

Anticipated Date of High School Graduation: \_\_\_\_\_ GPA (or average grades received): \_\_\_\_\_  
*month/year*

School and/or Extracurricular Activities and Interests	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

Honors or Awards (e.g., Best Essay, Good Citizenship, etc.)	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

Volunteer Activities or Community Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

Please list the schools that you are interested in attending/plan to attend:

Name of School	Scholarship/Grant awarded?		Amount	Application status?	
_____	yes	no	_____	accepted	pending
_____	yes	no	_____	accepted	pending

Applicant Name: \_\_\_\_\_

## The Kristofer Robinson Scholarship of Communities Foundation of Texas

### II. Academic and Extracurricular Information (continued)

B. This sub-section is for students in high school or above. Once completed, please continue to section III. Financial Information (page 8).

High School: \_\_\_\_\_ City and State: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ of \_\_\_\_\_  
month/year

SAT Total Score\*: \_\_\_\_\_ and/or ACT Composite Score: \_\_\_\_\_

SAT Critical Reading\*: \_\_\_\_\_ SAT Math\*: \_\_\_\_\_ SAT Writing\*: \_\_\_\_\_

*\*Reported scores should be from the same test date; do not combine best scores for a new composite.*

List any Advanced Placement or Honors courses you have taken and indicate the school year enrolled (e.g., Sophomore).

Class	Year	Class	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any AP and/or SAT II tests you have taken or plan to take:

Test	Score	Percentile	Test	Score	Percentile
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Honors or Awards (e.g., Best Essay, Good Citizenship, etc.)	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant Name: \_\_\_\_\_

## The Kristofer Robinson Scholarship of Communities Foundation of Texas

### II. Academic and Extracurricular Information – sub-section (B) (continued)

Extracurricular activities (e.g., student council, choir, yearbook) and number of years of participation:

Activity	Date(s)	Activity	Date(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Volunteer Activities and Community Service	Date(s)
_____	_____
_____	_____
_____	_____
_____	_____

*Please attach a separate page or resume if necessary.*

Please list the colleges or universities that you are interested in attending/plan to attend:

Name of college or university	Scholarship/Grant awarded?		Amount	Application status?	
_____	yes	no	_____	accepted	pending
_____	yes	no	_____	accepted	pending

Please indicate the major(s) and minor(s) you are interested in pursuing:

Major:	Minor:
_____	_____
_____	_____

Applicant Name: \_\_\_\_\_

The Kristofer Robinson Scholarship  
of Communities Foundation of Texas

III. Financial Information

Estimated costs **per year** of the school you wish to attend:

Name of School:	_____	_____
Tuition and Fees:	_____	_____
Books & Supplies:	_____	_____
Living Expenses:	_____	_____
Other: _____ <i>please specify</i>	_____	_____
<b>TOTAL:</b>	\$ _____	\$ _____

Funds available for the **next year** of school:

Family Contribution:	_____	_____
Personal Contribution:	_____	_____
Scholarships Awarded:	_____	_____
Loans:	_____	_____
Other: _____ <i>please specify</i>	_____	_____
<b>TOTAL:</b>	\$ _____	\$ _____

Please list other scholarships you have applied for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Applicant Name: \_\_\_\_\_

## The Kristofer Robinson Scholarship of Communities Foundation of Texas

### IV. Personal Statement

Please attach an additional 1-2 page personal statement. You may discuss anything, but here are some topics to consider:

- What is your biggest accomplishment?
- What are your passions?
- What quality do you like best in yourself?
- What one person has had the most significant influence on you?
- What are your short and long-term goals?
- Where do you see yourself in 5 years? 10?

### *Optional*

Is there anything that this application did not cover which you would like the scholarship advisory committee to consider?  
(Please attach an additional page.)

I, \_\_\_\_\_, certify that the information given in this application is, to the best of my knowledge, both accurate and complete.

In the event that I am selected to receive a scholarship, I authorize CFT to announce and publicize my scholarship in any manner the Foundation considers reasonable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian, if applicant is a minor

\_\_\_\_\_  
Date

Applicant Name: \_\_\_\_\_

**The Kristofer Robinson Scholarship  
of Communities Foundation of Texas**

**Recommendation Form I**

Communities Foundation of Texas would appreciate your candid evaluation of the above listed applicant. We are interested in what you feel is pertinent information about this candidate's academic and personal qualifications for this scholarship. Please feel free to attach an additional page if the space provided is not sufficient.

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How long have you known this student and in what context? \_\_\_\_\_

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2. What are the first words that come to mind to describe this student? \_\_\_\_\_

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*Please also complete and sign page 2 of this recommendation form and place all pages in a sealed envelope. To ensure confidentiality, please also sign along the envelope seal. Sealed envelopes should be returned to the applicant for submission to Communities Foundation of Texas.*

Applicant Name: \_\_\_\_\_

**The Kristofer Robinson Scholarship  
of Communities Foundation of Texas**

**Recommendation Form I, continued.**

3. Please use the space provided or attach an additional sheet for comments related to this applicant's strengths and weaknesses as related to future academic and personal achievement. \_\_\_\_\_

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	No Evaluation	Below Average	Average	Above Average	Excellent	Outstanding
Academic promise	_____	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____	_____
Perseverance/Follow-through	_____	_____	_____	_____	_____	_____
Maturity Level	_____	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____	_____
Overall Rating	_____	_____	_____	_____	_____	_____

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

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

**The Kristofer Robinson Scholarship  
of Communities Foundation of Texas**

**Recommendation Form II**

Communities Foundation of Texas would appreciate your candid evaluation of the above listed applicant. We are interested in what you feel is pertinent information about this candidate's academic and personal qualifications for this scholarship. Please feel free to attach an additional page if the space provided is not sufficient.

Recommender's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

1. How long have you known this student and in what context? \_\_\_\_\_

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2. What are the first words that come to mind to describe this student? \_\_\_\_\_

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*Please also complete and sign page 2 of this recommendation form and place all pages in a sealed envelope. To ensure confidentiality, please also sign along the envelope seal. Sealed envelopes should be returned to the applicant for submission to Communities Foundation of Texas.*

Applicant Name: \_\_\_\_\_

**The Kristofer Robinson Scholarship  
of Communities Foundation of Texas**

**Recommendation Form II, continued.**

3. Please use the space provided or attach an additional sheet for comments related to this applicant's strengths and weaknesses as related to future academic and personal achievement. \_\_\_\_\_

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	No Evaluation	Below Average	Average	Above Average	Excellent	Outstanding
Academic promise	_____	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____	_____
Originality	_____	_____	_____	_____	_____	_____
Perseverance/Follow-through	_____	_____	_____	_____	_____	_____
Maturity Level	_____	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____	_____
Overall Rating	_____	_____	_____	_____	_____	_____

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

Date: \_\_\_\_\_