**THE DOROTHY O’BRIEN YOUTH SCHOLARSHIP 2023**

**APPLICATION DETAILS**

Asian Community Alliance, Inc. (ACA) is inviting **Asian high school seniors** from across the Greater Cincinnati area to apply for the Dorothy O’Brien Youth Scholarship (DOBYS) 2022. **Two (2) scholarships of $2,000 each will be awarded for students who have given back to the community through service or volunteering.** This Youth Scholarship Program is created in honor ofMrs. Dorothy O’Brien.

**About Dorothy O’Brien**
Dorothy is one of four founding members of the Asian Community Alliance, a visionary and long-term advocate for Asian causes. Dorothy has made significant contributions to ACA both through her countless volunteer hours and her many years of generous financial support. Her prowess to push the agenda of Asians beyond the ‘model minority myth’ is a reflection of her character to give willingly and selflessly to those in need.

**Eligibility Requirements:**

To be eligible for this scholarship you must:

1. Be a high school senior of Asian American or Pacific Islander ethnicity.
2. Be a U.S. citizen or Permanent Resident of U.S. residing in the Greater Cincinnati area.
3. Be involved in community service (preferably Asian-related but not required), have shown leadership and have a high academic standard.
4. Be enrolling in a U.S. accredited college or university as a degree seeking first year student.

**Instructions:**

1. Download the DOBYS Application Form from our [www.asiancommunityalliance.org](http://www.asiancommunityalliance.org).
2. Use your choice of a Text Editor to fill in your application. Please answer all questions.
3. Request one (1) Letter of Recommendation (free-format) to be emailed directly by the school official to scholarship@asiancommunityalliance.org.
4. Attach two (2) required signatures: One from school official (counselor, teacher, coach, principal, etc.) & one from you to certify that your application is accurate and truthful.
5. Email your final completed application as an **attachment** to scholarship@asiancommunityalliance.org.
6. No other unsolicited documents, resume or supplements will be accepted.

Notes: The information you provided will be kept strictly confidential for the sole purpose of this scholarship program, will not be shared, and become the exclusive property of Asian Community Alliance, Inc. We will select winners of scholarship and distribute awards by end of May. You can contact us at with any questions at: scholarship@asiancommunityalliance.org.

**Dorothy O’Brien Youth Scholarship Program Committee:**

Vineeta Jindal, Asian Community Alliance Board Member

Mansi Mehan, Diversity, Equity and Inclusion at Amazon.

Katie Eng Parker, Procter & Gamble R&D Director

Justin Parker, Procter & Gamble Analytics & Insights Director

**ACA** is a nonprofit organization that is committed to identifying the common social needs of the Asian American Communities within the Greater Cincinnati area. The mission of ACA is to provide quality, compassionate and culturally sensitive services for Asian population in Greater Cincinnati through awareness, collaboration, and advocacy. To learn more, please visit [www.asiancommunityalliance.org](http://www.asiancommunityalliance.org).

**THE DOROTHY O’BRIEN YOUTH SCHOLARSHIP 2023 APPLICATION**

**Deadline: May 5th, 2023**

**Instructions:** Use your choice of a text editor to complete your application; add lines as needed.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ethnicity/Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_U.S. Citizen or Permanent Resident (indicate one): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cumulative GPA as of the seventh semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAT Score \_\_\_\_\_\_\_\_\_\_\_\_ and/or ACT Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended college major (or undecided) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applying for Financial Need, what are your family's total household members & annual income?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List** contributions you have made to your school and community during your high school years, grades 9-12. Examples include community services, leadership positions, sports, extra-curricular activities in & out of school.

**List** Honors and/or Awards you received as a result of your accomplishments in grades 9-12.

**List** Work Experience, if any, in grades 9-12.

If there is anything else that you would like the scholarship committee to know, please include below.

**THE DOROTHY O’BRIEN YOUTH SCHOLARSHIP 2023** **APPLICATION**

 **Short Answer Questions:** Please answer the following 3 short answer questions.

1. What is the most impactful lesson you learned from your community service experiences & why? (200 words max)

2. Describe a challenge from the past two years during this pandemic and how you overcame it? (200 words max)

3. Why is this scholarship important to you? (200 words max)

**THE DOROTHY O’BRIEN YOUTH SCHOLARSHIP 2023 APPLICATION**

**Your Two (2) Required Signatures**

**i) Accuracy of Information**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will cause my disqualification from this scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**ii) Consent for Publication**

I agree that, If selected as an award winner for the DOBY Scholarship, ACA or its agents may use my name, photos and any other information or materials for news, publicity and advertising in all media, including but not limited to print and electronic media, press releases, website, social and video media.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

**School Official’s Signature**

This form accurately represents the involvements of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the best of my knowledge.

 (Applicant’s Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of School Official, Title Email Date