



The Operation IMPACT Tour

A FACE OF ILLNESS CO-OP Project

www.operationimpacttour.org

702-720-6268 info@operationimpacttour.org

Scholarship Application

Application due date: 30 Days Prior to Event Date

1. DEADLINE for scholarship applications is **30 Days Prior to Event Date per Location (NO EXCEPTIONS)**
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of age, college enrollment, DD-214, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or email regarding the status of your application.
6. If you have any questions about the application, contact cheri@operationimpacttour.org or leave a detailed message at the phone number above. The Operation IMPACT Tour scholarship was established in 2023. The mission of the scholarship is to provide financial assistance to veterans, women, transitional age young adults (21-28), and full-time college students. The highlight of "Operation IMPACT" is the scholarship opportunity to educate and train individuals that would otherwise have obstacles that limit access to exceptional speakers and the valuable knowledge that will be presented. In addition to attending the event from 9:00 AM – 4:00 PM, these individuals will have their lunch provided to them while participating in a special "Lunch & Learn" session with select speakers. Recipients will also receive an additional training session from 4:00 PM – 5:00 PM. These training sessions will include skills development, resume reviews, business models, interview techniques, entrepreneurship, and accessing community resources.

FINANCIAL ASSISTANCE *is based on a written goal statement, leadership desire, and willingness for full participation in continued follow-up to ensure success.*

SCHOLARSHIP AWARDS

The Operation IMPACT Tour on behalf of FACE OF ILLNESS CO-OP awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the Board of Directors include but are not limited to the following: *Current Highest Academic Achievement, Community Service, Military Service, Resume, and Personal Essay. Scholarship funds of up to \$5,000.00/each are paid directly to the provider/institution.*

CRITERIA

- Applicants must have permanent residence in the city and county of the Operation IMPACT event that they are applying for attendance and *must be a permanent resident of the United States.*
- Applicants must commit to one-year (12 months), from the date of the event, to enter and complete all training programs offered and maintain contact for tracking of positive personal and community impact reports. (Note: The continuation of contact database will not involve personal information for public reporting other than questions such as, "did you receive a promotion based on your new certification?" or, "did you open a business since the date of the event?")
- Applicants must be complete a statement that **they are not** in the National Sex Offender Database or have a history of felony arson charges.
- Applicants must be in one or more of the following categories: veteran, women, transitional age young adults (21-28), and full-time college students. Please select **MORE THAN ONE** category if applicable **AND** send in the verifying documentation. [20 scholarships (5 in each category) per site will be granted in total]
- Applicants must complete and submit a Scholarship Application postmarked (email is preferred to avoid delays. If sending by mail, please call and notify us when it is sent) no less than **30 days prior to the event.**

- Applicants must complete a maximum 500-word essay answering **ALL** of the following questions:

What skillsets do you currently have that you use to make money?

What skills would you like to learn to change how you make money?

What career goal(s) have you always wanted to achieve?

What do you believe has stopped you from achieving your goals so far?

What message would you tell others AFTER you successfully reach the next milestone towards your final goal?

TIMELINE

- Applications are due **30 Days Prior to Event Day**
- [Applicants are notified if awarded a scholarship 14 days prior to the event.](#)

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Copy of State identification and two forms of verification for proof of residency in the city and county of the event (utility bill, bank statement, cell phone bill, w-2 or taxes within the last 2 years, current insurance policy card, medical bill, school transcript for yourself or your dependent).
- Category Qualifiers: State Issued Identification Card/Driver's License, Passport or Green card/Resident Alien; DD-214; Current term college/university unofficial transcript submitted with Scholarship Application **AND** OFFICIAL transcript sent via email to info@operationimpacttour.org.
- A maximum 500-word essay.
- Media Release Form (see Additional Forms on www.operationimpacttour.org/tourfeatures)

SCHOLARSHIP AWARDS

- Award notification will be given by email and phone call [14 days prior to the event.](#)

Deadline for the application is **30 DAYS BEFORE EACH EVENT.**

Applications postmarked after this date will not be considered.

Please email OR submit application to:

**The Operation IMPACT Tour
ATTN: Cheri Sotelo
2350 S Jones Blvd, STE C-1
Las Vegas, NV 89146**

Email submissions: cheri@operationimpacttour.org

Transcript submissions: info@operationimpacttour.org

The Operation IMPACT Tour Scholarship Application
The FACE OF ILLNESS CO-OP Sponsored Program
APPLICATION MUST BE FILLED OUT BY APPLICANT

Please **type or print** your answers below. A separate sheet may be used if needed. If application is illegible it will be returned to you.

1	Last Name: _____	First Name: _____
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3	Daytime Telephone Number: () _____ Email address: _____	
4	Current School (if applicable): _____ Current Military Status (if applicable): _____	High School Graduation date: _____
5	Residential Address: (if less than 2 years, please provide the previous address as well) Address: _____ _____	
6	DOB: _____ Marital Status: _____ # of Dependents: _____	
7	Current Employment Status: _____	
8	How many incomes contribute to the expenses in your home? _____ (DO NOT disclose the total income) Will anyone be moving out of the home within the next year? _____ Are you anticipating anyone new moving into the home next year? _____ Do they have an income? _____	

9	<p>Name & address of authorized person(s) to discuss your scholarship or for emergency situations: Use reverse side of application if you need more space.</p> <p>Name (s) _____</p> <p>Street: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone Number(s) (Is text okay?): _____</p>															
10	<p>What specialty do you want to pursue as you continue your education?</p>															
11	<p>List other financial assistance you will receive or anticipate receiving within the next 12-months:</p>															
	<table border="1"> <tr> <td data-bbox="129 850 211 886">A.</td> <td data-bbox="211 850 1023 886">Personal: (currently working or work /study during school)</td> <td data-bbox="1023 850 1576 886">Amount: \$</td> </tr> <tr> <td data-bbox="129 886 211 921">B.</td> <td data-bbox="211 886 1023 921">Other Scholarship(s):</td> <td data-bbox="1023 886 1576 921">Amount: \$</td> </tr> <tr> <td data-bbox="129 921 211 957">C.</td> <td data-bbox="211 921 1023 957">Grants:</td> <td data-bbox="1023 921 1576 957">Amount: \$</td> </tr> <tr> <td data-bbox="129 957 211 993">C.</td> <td data-bbox="211 957 1023 993">Student Loan(s):</td> <td data-bbox="1023 957 1576 993">Amount: \$</td> </tr> <tr> <td data-bbox="129 993 211 1037">D.</td> <td colspan="2" data-bbox="211 993 1576 1037">Other Financial Resources: (parent/spouse/work contribution) Amount: \$</td> </tr> </table>	A.	Personal: (currently working or work /study during school)	Amount: \$	B.	Other Scholarship(s):	Amount: \$	C.	Grants:	Amount: \$	C.	Student Loan(s):	Amount: \$	D.	Other Financial Resources: (parent/spouse/work contribution) Amount: \$	
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Please list the following information on a separate sheet if needed.

12	<p>EXTRA-CURRICULAR ACTIVITIES: Please list extra-curricular activities in which you have participated. Note leadership roles and dates.</p>
13	<p>Attach a completed and up-to-date Resume: Please indicate if you do not have one, cannot access one, do not know how to create one, or have difficulty with technology. If you do not have one, please attach a handwritten list of you work history with dates, duties, city and state. You may also want to make a list of your skills that you are proud of.</p> <p>References/Recommendations (OPTIONAL): Please submit two letters of recommendations, this would not include family. Can include employers, family friends and community leaders.</p>

14	ORGANIZATIONS: Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.		
15	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.		
16	GOALS Needs: What are the tangible items that you need to help you meet your goals? These may be items like resume paper, business cards, a new rotation of ties, a full business suit, access to haircuts for three months, etc. It is important for the team of Operation IMPACT and the FACE OF ILLNESS CO-OP to know what is needed to help the people within the community succeed. A community succeeds because of the people that live there. Without you, there is no community. So please, do not be shy in filling out this section. Your answers are confidential.		
17	NEED: Please list your “why” you need The Operation IMPACT Tour Scholarship.		
18	<p>A. The following criteria must be met in order for the application to qualify to be reviewed by the Board of Directors.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle “YES” or “NO” to be sure you have completed and attached each item as required.</p>		
19	YES	NO	Application complete
	YES	NO	Authorized Person/Emergency Contact
	YES	NO	Identification. Proof of Residency.
	YES	NO	Category Qualifying Documents
	YES	NO	500 Maximum Word Essay

DISCLOSURE STATEMENT

I hereby affirm that I, the undersigned, am not currently, and have never been named, listed, identified, or expunged from the National Sex Offender Database.

I further affirm that I have not ever been charged with and/or convicted with felony arson charges in any state under the Constitution of the United States.

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF COMMITMENT

I hereby affirm that if selected and awarded the scholarship, my participation is voluntary. The scholarship program is funded through a nonprofit initiative and stipulates that my participation extends for a period of 12-months. The goal of the scholarship is to provide training and education within a community and accurately document the changes that occur over the course of one calendar year.

By removing barriers to high value training seminars that increase skillsets, training and education, it is the hopes of the FACE OF ILLNESS CO-OP, that these scholarships will create a shift that will be notable in the following ways: promotions in the workforce, entrepreneurship, wage increases, decreased stress levels, increased community business patronage/spending, more dynamic family interaction based on the shift in overall Mental Health (defined as: Psychological well-being, Social well-being, and Emotional well-being).

Signature of scholarship applicant: _____ Date: _____

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the FACE OF ILLNESS CO-OP Board of Directors is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote The Operation IMPACT Tour Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the program/institution(s) offered before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

**The deadline for this application must be
Postmarked 30 Days Before The Event.**