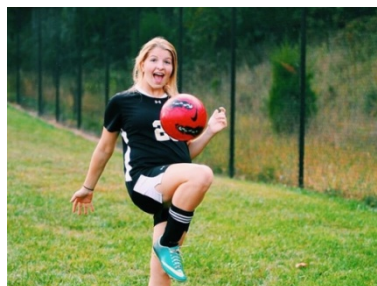


## Teressa Rosalind French Foundation Grant Application



Teressa Rosalind French was born in San Diego, California, to Vice Admiral William and Monika French. Teressa was a high school sophomore at Covenant Life School, formerly attending The Rock Academy, and active in basketball as well as most improved player in both softball and soccer. As a military child, she moved frequently with her family across the United States and overseas, living in nine different locations. She loved to travel, meet people, and learn about various cultures. Her tenderness and innate motivation to reach out to people allowed her to touch the hearts of all those around her. She was an inspiration and ambassador of goodwill for God. Our sweet angel accepted Christ and found salvation at the Rock Church in San Diego, CA when she was 13 years old. Teressa had a wonderful sense of humor, bringing smiles and laughter wherever she went. She loved being around family. She could fix relationships through words; she was a peacemaker. Her gentle heart and care for young people made her a “Pied Piper” of

children. They flocked to her and loved her. She leaves behind on this earth to join her in heaven her parents Bill & Monika, and her brother Tom & sister-in-law Brittney. She also leaves behind countless family and friends. Teressa Rosalind French, 16, of Washington, DC entered heaven January 24, 2014.

### Purpose

- Teressa Rosalind French Foundation desires to support individuals and youth groups that are participating in mission opportunities, religious camps, and other faith-based activities.

### Eligibility

- The applicant must be currently enrolled as a student in middle-school, high-school or college, and under the age of 25
- Youth ministry leaders may apply for youth groups. Please specify the need for the group.

### Awards

- The Foundation’s money available each year is dependent on the fundraising outcome. We will evaluate each request and determine amounts accordingly.
- The foundation will pay awards directly to the organization.
- Awards will be paid in a single installment.

### Instructions

- The entries on the application form must be complete, accurate, and legible. They must be completed and submitted to [teressafrenchfoundation@gmail.com](mailto:teressafrenchfoundation@gmail.com) by **April 1**.
- Fill in all information requested. If the answer is “none” or “not applicable,” please explain.
- Review the form for completeness and all answers for correctness. Use this year’s current form. Do not send transcripts or copies of awards. Provide only the information requested.
- Most of the form can be completed within the document. Click in the fields as required and complete your information.
- Sign the application form in all appropriate places.
- If scholarship applicant is under 18 years of age, all forms must be signed by a parent or guardian as well as the applicant.

**\*\*There are six (6) items required for application consideration\*\***

1. \_\_\_\_\_ Completed Application (Part I-III)
2. \_\_\_\_\_ Essay (Part IV)
3. \_\_\_\_\_ A Letter of Recommendation from a Teacher, Coach, Counselor, or Church Official (Part V)
4. \_\_\_\_\_ Signed Privacy Statement (Part VI) (Printed, Signed, and Emailed)
5. \_\_\_\_\_ School Verification Form (Part VII) (Printed, Signed, and Emailed)
6. \_\_\_\_\_ Grant Verification Form (Part VIII) (Printed, Signed, and Emailed)

For any questions, please email the TRFF Scholarship/Grant Chairman at [teressafrenchfoundation@gmail.com](mailto:teressafrenchfoundation@gmail.com)

Last Name, First Name: Last Name, First Name

**Teresa Rosalind French Foundation  
Grant Application**

**PART I: APPLICANT INFORMATION**

1. Applicant's Name: Name
  
2. Address: Address  
City: City State: State Zip: Zip
  
3. E-mail Address: Email Address
  
4. Home Phone Number: (999)999-9999 Cell Phone Number: (999)999-9999
  
5. Gender (Check):            Choose an item.
  
6. Name of current Middle School, High School or University: Name  
Address: Address  
City: City State: State Zip: Zip
  
7. Age:
  
8. Grade:

**PART II: PARENT/GUARDIAN INFORMATION (IF UNDER 18)**

1. Name of Parent/Guardian: Name
  
2. Relationship to student: Relationship
  
3. Parent/Guardian's Information:  
Address: Address  
City: City State: State Zip: Zip  
  
Home Phone Number: (999)999-9999 Cell Phone Number: (999)999-9999

Last Name, First Name: Last Name, First Name

### **PART III: GRANT REQUEST DETAILS**

Amount requested: [Click here to enter text.](#)

What mission/camp/project are you interesting in participating? [Click here to enter text.](#)

What is its purpose? [Click here to enter text.](#)

What is the history of the organization? [Click here to enter text.](#)

What is the cost of this experience? How much have you raised to this point? [Click here to enter text.](#)

How did you hear about the Teresa Rosalind French Foundation grant? [Click here to enter text.](#)

### **PART IV: ESSAY**

In a separate document, please submit a typed essay (no more than 500 words). Please answer the following prompt:  
Why is this mission/camp important to you? How do you believe this mission can help you grow as a person and/or make an impact on others?

### **PART V: LETTER OF RECOMMENDATION**

Include a one-page letter of recommendation from one of your teachers, counselors, coaches, principals, or church officials who is not a relative. Letters of recommendation should include examples of personal achievements which serve to illustrate both your character and demonstrate how you embody the spirit of Teresa Rosalind French Foundation (TRFF) – selfless love for God, family, and community.

Last Name, First Name: [Last Name, First Name](#)

**Teresa Rosalind French Foundation  
Grant Application**

**PART VI: PRIVACY STATEMENT – PRINT, SIGN, AND EMAIL**

To be printed and filled out by the applicant and designated parent or guardian (if under 18) and emailed to [teressafrenchfoundation@gmail.com](mailto:teressafrenchfoundation@gmail.com) no later than 1 April.

We certify that this application and all supporting documents, to the best of our knowledge, are complete and accurate. We further understand that all monies awarded will be used as indicated. We further understand that the information in this application is exclusively for the use of the TRFF scholarship/grant selection committee and will not be shared with other individuals or agencies without my consent. We also agree that, if the applicant is selected as a recipient, any and all information submitted with this application may be used for purposes of news and publicity by the TRFF scholarship/grant program and all current and future promotions of this program.

Applicant's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent/Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**Teresa Rosalind French Foundation  
Grant Application**

**PART VII: SCHOOL VERIFICATION FORM – PRINT, SIGN, AND EMAIL**

To be printed and filled out by the applicant's school and emailed to [teressafrenchfoundation@gmail.com](mailto:teressafrenchfoundation@gmail.com) no later than 1 April.

Applicant's Name: \_\_\_\_\_

School: \_\_\_\_\_

Cumulative GPA through mid-term of this year: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Name and title of person completing form: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

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

**Teresa Rosalind French Foundation  
Grant Application**

**PART VIII: GRANT VERIFICATION FORM – PRINT, SIGN, AND EMAIL**

To be printed and filled out by an adult supervisor for the organization (eg. Church leader, camp leader, mission trip organizer), and emailed to [teressafrenchfoundation@gmail.com](mailto:teressafrenchfoundation@gmail.com) no later than 1 April.

Applicant's Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Applicant's Role in Project: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Name and title of person completing form: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

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