



## 2023 Scholarship Program

**10 Scholarships Available!**

### Guidelines

**Totalhealth Kids Inc.**, one of the charitable arms of Adeteju Ogunrinde, MD.FAAP, Children's Healthcare Center PC. announces the 2023/24 **Advantage Kids Scholarship Awards Program**. Under the Program, Five (5) 50,000 Naira scholarships will be awarded to freshmen attending college or with valid admission to college, and or a resident of an orphanage in Nigeria and in financial need. Five (5) \$1500 scholarships to high school senior with admission to college and a resident of Prince Georges or Charles County or Washington DC, in shelter or orphanage, whose parental income is less than \$50,000 or with a terminally ill parent.

#### Program Guidelines & Priorities:

- \* Seeking graduating seniors with a record of volunteerism in the community in non-school sponsored activities and participation in extracurricular school activities.
- \* Applicants must have a minimum GPA of 3.0, live within the orphanage, of poor income family, and plan to attend a 2 or 4year college or technical school.
- \* Scholarship funds will be paid **in September 2023 or January 2024 for the first or second semester of the student's first year directly to the college** OR to the student directly. It will be the student's responsibility to submit to the Foundation at that time an invoice for second semester tuition and fees (may be used to purchase books or school supplies), student ID number and college information required.
- \* Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. **Totalhealth Kids strongly suggests that each high school or orphanage director present this opportunity to the strongest applicants that match this program's guidelines.** Application deadline is **July 14th, 2023 by 4:00 p.m.** to be received by the Foundation. Late applications are not accepted.

Mail one electronic copy of a completed typed application package to:  
(This includes application with signoff by Guidance Department, essay,  
resume, and school transcript.)

Foundation Scholarship Committee  
c/ o Totalhealth Kids Inc.  
[dro@totalhealthkids.org](mailto:dro@totalhealthkids.org)

Waldorf, MD 20602, U.S.A

The applications will be reviewed, and recipients selected by a committee consisting of volunteers from Totalhealth Kids. The scholarships will be awarded in September 2023

Applications may be downloaded from: [SCHORLARSHIP APPLICATION](#)

Please submit any questions to: [thkidsinc@gmail.com](mailto:thkidsinc@gmail.com)



## SCHOLARSHIP APPLICATION 2023

Please <b>type</b> your answers.	
1.	Last Name: _____ First Name: _____
2.	Mailing Address Street: _____ City: _____ State: _____ Zip: _____
3.	Daytime Telephone Number: (     )  Email Address: _____
4.	Date of Birth:    Month                      Day                      Year                      Gender: _____
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent school transcript is required.
6.	Are you the first person in your family to go to college:    YES ____    NO ____
7.	Name and location of High School attending: _____
8.	<b>(If your resume or activities sheet answers question 8, please attach and skip to Question 9.)</b> A. List any academic honors, awards and membership activities while in high school:  B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:  C. List your non-school sponsored volunteer activities in the community:
9.	A. If you have decided on what college you will attend, please list school name:  B. If not, list your top 3 college choices:
10.	List Family Gross Annual Income from your 2021 Income Tax Form 1040 Line #22: \$ <small>(If selected, recipients may be asked to verify annual household income is under \$50,000 by supplying pg. 1 of their 2016 IRS Income Tax Form)</small>
11.	Name & address of parent(s) or legal guardian(s): <b>(Include address if different than your own listed in Question 2.)</b> Name(s) : _____ Street: _____ City: _____ State: _____ Zip: _____  Home phone of parents or legal guardians: _____ Work phone: _____

**14. On a separate sheet please write an essay (250 - 500 words) answering the questions below:**

Describe how volunteer or community service has shaped who you are today and what community service has taught you. Also, discuss in your essay about any challenges or obstacles you have dealt with and overcome in life and how this will help you succeed in college and beyond.



### STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Foundation's scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to Totalhealth Kids Foundation Scholarship policy, I must be present physically or virtually at any potential awards ceremony, surprise, or reception in September 2023 to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, it is my responsibility to remit to the Foundation the appropriate information for my scholarship to be paid directly to my educational institution for my first or second semester.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to Totalhealth Kids Organization.

Name of Guidance Counselor submitting the application: \_\_\_\_\_

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

Contact information (email and phone): \_\_\_\_\_

**Signature of Guidance Counselor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Checklist

- Application
- Essay
- Resume/Activity Sheet
- Guidance Counselor signature
- School Transcript

**MAIL COMPLETE APPLICATION PACKAGE TO THE FOUNDATION AT:**

Foundation Scholarship Committee  
c/o Totalhealth Kids Inc  
[dro@totalhealthkids.org](mailto:dro@totalhealthkids.org)  
Waldorf, MD 20602

**REMINDER:**

**The deadline for this application to be received by the Foundation's Office is:**

July 14<sup>th</sup> 2023, **4:00 p.m.** **NO EXCEPTIONS!**