



## **The Harvey Martin Dream Foundation** *A Journey To A New World Of Hope Scholarship Program*

### **Dear Harvey Martin Dream Foundation Scholarship Applicant:**

The **Harvey Martin Dream Foundation** was created by Dr. Mary Martin, in honor of her late brother's legacy. Dr. Martin's vision was to give hope to high school students who wanted to further their education by attending college. The Foundations goal is to make the students transition an easy process.

In fulfillment of our purpose, the Foundation will strategically seek, recognize, and reward the efforts of students who demonstrate a desire and work ethic to attend college.

### **Criteria:**

1. Applicant must be a High School Senior and currently enrolled and /or enrolling in the Dallas Independent School District or a campus accredited by the Texas Education Agency.
2. Applicant must submit an Unofficial Transcript and have a "Good" attendance record. (This is a part of the unofficial transcript).
3. Applicant must submit a letter that contains a brief explanation of educational goals and personal background information.
4. Applicant must submit three (3) letters of recommendations from any of the following: teachers, administrators, counselors, employers, or individuals with significant knowledge of applicant., **(Excluding Relatives)**
5. **DEADLINE** to mail in the Harvey Martin Dream Foundation Scholarship Application and all additional paperwork is **Friday, March 22, 2024**. The application should be completed, mailed and received by the Foundation no later than the **Deadline Date. NO EXCEPTIONS.**

**Mailing Address: Harvey Martin Dream Foundation, P. O. Box 3075, DeSoto, Texas 75123.**

**If there are any questions or concerns, please contact the foundation at [mary.martin@harveymartindreamfoundation.com](mailto:mary.martin@harveymartindreamfoundation.com) or 469-233-1031.**

**Thank You For Your Interest**

Dr. Mary Martin - Executive Director

Dr. Deborah Isaac-Hopes – Scholarship Liaison

Website: [www.HarveyMartinDreamFoundation.com](http://www.HarveyMartinDreamFoundation.com)



## Harvey Martin Dream Foundation

*A Journey To A New World Of Hope Scholarship Program*

### APPLICATION

1. Please print clearly the following information. Submit completed application and all requested documents by mail to: Harvey Martin Dream Foundation, P.O. Box 3075, DeSoto, Texas 75123.
2. Incomplete, inaccurate, or un-signed applications will not be considered.
3. Please submit only one application per applicant.

**PLEASE MAIL ALL COMPLETED PAPERWORK TOGETHER**

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#### Personal Information:

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

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

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

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

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

Current Grade Level: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior  
(Place an X to indicate the appropriate current classification or grade level)

Current GPA: \_\_\_\_\_ SAT Results: V \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ Total: \_\_\_\_\_

And/or ACT Score \_\_\_\_\_

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**Parental Information:**

Name of Parent or Legal Guardian: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Please list any of the following: Special Achievements/Recognitions/Extra-Curricular Activities.  
(Note: This information is for the Foundation's records and will not be used to determine your acceptance). If you need more space, please attach an additional sheet.

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I certify that I have reviewed and understand the Foundations criteria for acceptance.

I certify that the statements herein are true to the best of my knowledge and grant permission for the information contained herein to be shared with the scholarship selection committee.

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

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

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

**Office Use Only:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Foundation's Disposition: \_\_\_\_\_

Review Date: \_\_\_\_\_ Disposition: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_

**\*\* The Harvey Martin Dream Foundation's University Partner is as follows\*\***

The University Of North Texas Dallas

Texas A & M University Commerce

If you are interested in attending either or both of these Universities, please check the appropriate boxes.  
We also assist with aid to other Colleges/Universities

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