#### 2024

## THE ODELL-CARRIE COMMUNITY ENTREPRENEURSHIP SCHOLARSHIP

**Purpose**: To provide a scholarship to deserving area youth who have a desire to be an entrepreneur in the community in which they live. Under the **Youth Empowers Service**, **LLC (Y.E.S., LLC)**, there will be **two \$500.00 scholarships or one \$1000.00 awarded to high school Senior(s) attending high schools in Northern Virginia counties**.

The scholarship will hopefully excite the area youth to start planning for their potential business idea that they feel will make a difference in their community.

#### Program Guidelines & Priorities:

\* Seeking graduating Seniors with a record of volunteerism in the community in non-school sponsored activities;

\*Participation in extracurricular school activities;

\* Submit a copy of most recent high school transcript;

\*Complete the Odell-Carrie Community Entrepreneurship Scholarship Application;

\* Applicants must have a minimum GPA of 2.5 and plan to attend a 2 or 4 year college or Vocational/Technical school OR interested in participating in an internship/apprenticeship opportunity with an established business and;

\* Applicants must have an endorsement from their Guidance Counselor as part of their application attesting they are in good standing with their high school they are attending for this scholarship program;

\*Complete the Odell-Carrie Business Plan Portfolio Questionnaire.

Youth Empowers Service, LLC strongly suggests that the high school, church or organization present this opportunity to all applicable student applicants who maybe interested in starting their own business within the community. Application deadline is TBD. Late applications are not accepted.

\* Scholarship Payment: Scholarship payment will be distributed *in August annually directly to the student or if attending a school, the scholarship payment will be distributed* directly to the college/vocational/technical school in the Fall semester. It will be the student's responsibility to submit to Youth Empowers Service, LLC a copy of the student's acceptance letter to the school, student ID number and school's information for payment.

Mail one copy of a completed typed application package to:

(This includes application with sign off by Guidance Counselor, essay, Business Plan Portfolio Questionnaire, recent high school transcript. Student resume/activity sheet) The Odell-Carrie Community Entrepreneurship Scholarship c/ o Youth Empowers Service, LLC Scholarship Committee P.O. Box 629 Garrisonville, VA. 22463

The applications will be reviewed and recipients selected by a committee consisting of community business volunteers on behalf of Youth Empowers Service, LLC. The scholarships will be announced and awarded in June annually and scholarship payments distributed in August annually.

Please submit any questions to: yesbj@comcast.net

2020

## THE ODELL-CARRIE COMMUNITY ENTREPRENEURSHIP SCHOLARSHIP

## SCHOLARSHIP APPLICATION 2020

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): ( Attach proof of GPA. A copy of your most current high school transcripteligibility.	On a 4.0 scale) ot is required. Minimum GPA of 2.5 for scholarship		
6.	Are you the first person in your family to go to college:	YES NO		
7.	Name and location of High School attending:			
8.	(If your student resume or activities sheet answers question 8, please attach and skip to Question 9.)         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.	<ul><li>A. If you have decided on what college or vocational/techname and start date of enrollment:</li><li>B. If not, list your top 1 to 3 businesses you would like to poportunity:</li></ul>			
10.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s) : Street:			
	City: State:	Zip:		
	Home phone of parents or legal guardians:	Work phone:		

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#### 11. On a separate sheet please write an Essay (250 - 500 words) answering the questions below:

Describe how volunteerism or community service has shaped who you are today and what community service has taught you. Also discuss if any business in the community has impacted your desire to be an entrepreneur.

#### 12. Complete the Odell-Carrie Business Plan Portfolio Questionnaire.

Your responses to the business plan portfolio questionnaire below can be in written format or powerpoint presentation format. Please ensure you answer all 12 questions. There is a maximum 15 page limit for the business plan portfolio responses (excluding cover page and table of contents).

# THE ODELL-CARRIE BUSINESS PLAN PORTFOLIO QUESTIONNAIRE

- 1) Describe your business idea. In addition, describe why you think your potential business idea is needed and how it will be an added value to the community and beyond.
- 2) What type of business (check and list as many that are applicable):
  - a. Distributor
  - b. Contractor
  - c. Franchise
  - d. Service
  - e. Manufacturer
  - f. Restuarant
  - g. Other
- 3) Business Structure:
  - a. Sole Proprietorship
  - b. Partnership
  - c. C-Corporation
  - d. LLP/LLC
  - e. S- Corporation
  - f. Undecided
- 4) Describe target market your business will serve (for example: children, small business, families etc).
- 5) Describe customer benefits your business will provide?
- 6) What makes your business' products/services unique and how does it provide competitive advantages? (Example: price, convenience, durability, service, better quality, technology, patents/trademarks, guarantees? etc.)



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- 7) Define the geographic area your business will initially serve?
- 8) List major competitors in your marketing area?
- 9) How do you plan to advertise and promote your product/service and what is your proposed marketing budget for the first year?
  - a. Marketing budget for the first year: \$\_\_\_\_\_
  - b. Radio \_\_\_\_\_
  - c. TV
  - d. Telemarketing \_\_\_\_\_
  - e. Social Media
  - f. Direct Mail \_\_\_\_\_
  - g. Magazine \_\_\_\_\_
  - h. Other \_\_\_\_

10) Where will your product/service (business) be located?

- 11) What are your potential start up costs? And how do you plan to fund your business?
- 12) How would you define success for your business one year from now?

## STATEMENT OF ACCURACY FOR STUDENTS

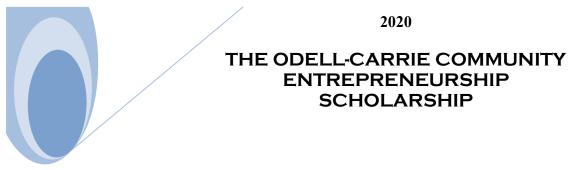
I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the Youth Empowers Service, LLC Scholarship program. (Winner may waive photo due to unusual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

I hereby understand that if chosen as a scholarship winner, according to Youth Empowers Service Scholarship policy, I must be present at any potential awards ceremony, or reception in to receive my scholarship award.

I hereby understand that if chosen as a scholarship winner, according to Youth Empowers Service Scholarship policy, it is my responsibility to remit to the Youth Empowers Service Scholarship committee the appropriate information for my scholarship to be paid directly to me or my educational/vocational institution for my first semester in August annually.

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: \_\_\_\_\_

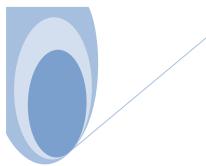


# STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR

I hereby affirm that this student meets the academic criteria (minimum 2.5 GPA) set forth by this application to Youth Empowers Service Scholarship program.

Signature of Guidance Counselor:	Date:		
Guidance Counselor Contact information (email and phone):			
High School:			
Name of Guidance Counselor:			
Name of Student:			

Checklist Application * Student Resume/Activity Sheet (optional) Guidance Counselor Signature * Recent High School Transcript * Essay * Business Plan Portfolio Questionnaire * (*) = Required to complete scholarship application.	
MAIL COMPLETE APPLICATION PACKAGE TO : The Odell-Carrie Community Entrepreneurship Scholarship c/o Youth Empowers Service, LLC P.O. Box 629 Garrisonville, VA 22463 <u>REMINDER:</u> The deadline for this application to be received by: TBD NO EXCEPTIONS!	



## THE ODELL-CARRIE COMMUNITY ENTREPRENEURSHIP SCHOLARSHIP

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Purpose for scholarship:

The Odell-Carrie Community Entrepreneurship Scholarship is inspired from my grandparents' character, humility, determination and hard work ethics of building their own businesses and giving back to their communities.

Both of my grandparents, Odell Blunt (on my dad's side) and Carrie Alford (on my mom's side) of the family were truly different but what they had in common, was the drive and determination to work hard for what they wanted in life. My grandfather (Odell) had a 4<sup>th</sup> grade education and became a successful entrepreneur the remainder of his life. My grandmother (who had a high school diploma), was a great cook and served people in her community during her lifetime. They both made a difference by always helping others to do better in their communities.

My grandparents inspired me to be of service to others in my life. The Odell-Carrie Community Entrepreneurship Scholarship's purpose is to hopefully excite area youth to start planning for their potential business idea that they feel will make a difference in their community and provide a service to help others.

Very Respectively,

Dr. Belinda Jones

Dr. Belinda Jones President, Youth Empowers Service, LLC