

Freeze Bullying Scholarship Application

Deadline: April 1st, 2025

Payton's Project Inc. has established this annual scholarship award in the amount of \$24,000 to be provided in \$1,000-\$4,000 awards (up to twenty-four (24) total awards, in an amount at the scholarship committee's discretion), to eligible high school seniors and current students at accredited higher learning institutes.

Each school or higher learning institute may submit multiple students for consideration. A designated school or higher learning institute counselor should ensure that applications are submitted in accordance with the Eligibility Criteria listed below:

Eligibility Criteria

- Must be a current high school senior or an active student enrolled in an accredited higher learning institute in the United States who intends to pursue or continue studies at an accredited higher learning institute.
- Submit a video (less than 5 minutes) or typewritten essay (not to exceed 2 pages, 12pt, single spaced) that **MUST** identify and discuss the applicant's efforts and actions to directly combat bullying in their school/ community or identify and discuss how the applicant has been a victim of bullying and persevered.
- Obtain two (2) written recommendations - one (1) from a member of the faculty, staff, or administration at the school in which the applicant is currently enrolled, and **EITHER** another from an educator **OR** one (1) from a peer of the applicant. This peer can be someone like a friend, classmate, or coworker. These recommendations are to serve as validation that the applicant's words and actions promote an environment of acceptance and tolerance of differences within the community.
- Previous Freeze Bullying Scholarship Award Recipients may reapply each subsequent year for consideration for additional awards, if the individual continues to meet the current Eligibility Criteria.

Deadline for Applications

Applications may be submitted by email or by mail, and must be received (by email) or postmarked (by mail) no later than Tuesday, April 1st, 2025.

Email applications may be sent to: scholarships@paytonproject.org

Mail applications may be sent to:

Payton's Project
5342 Chaffins Farm Ct.
Haymarket, VA 20169

The Payton's Project Scholarship Committee will select and announce the recipients at paytonproject.org/programs/scholarships/ by May 1st, 2025. The scholarship awards shall be based on merit and qualifications and shall not discriminate against any person on the basis of race, color, religion, national origin, sex, gender, or disability.

There are three (3) parts to this application consisting of an applicant information sheet, your personal essay or video, and two (2) recommendations.
Personal essays and recommendations should be attached separately from this document.

Please have your counselor ensure that all criteria are met and sign below to complete your application

School Counselor Name

School Counselor Signature

Part I – Applicant Information Sheet

Legal Name: _____
(Last, First, Middle)

Preferred Name: _____ Date of Birth: _____
(what you want us to call you, if it's different than your legal first name) (mm/dd/yyyy)

Street Address: _____

City, State, Zip Code: _____

Current School: _____ Phone: _____

Email: (this will be our main point of contact; list only an account you will have continued access to!)

Parent/Guardian Info – Parent/Guardian contact info is required ONLY IF the applicant is in high school or under 18.

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Parent/Guardian Email(s): _____

Scholarship Payment Information – If you are awarded this scholarship, a check will be forwarded to the financial aid office of the school you plan to attend on the first business day of August. The mailing address for the bursar or treasurer's office and your student ID number at the school you're planning to attend must be provided to Payton's Project by July 1st, 2025 so payment arrangements can be made.

As Payton's Project must have permission to send the scholarship funds to your college or university, please make certain that all the above information on this page is correct so Payton's Project can reach you and your parents/guardians to obtain this permission and verify payment information.

Name of College or University: _____

Address of Financial Aid/Bursar/Treasurer's Office: _____

City, State, Zip Code: _____

Part II - Essay

In your own words, please identify and discuss your efforts and actions to directly combat bullying in your school/community or identify and discuss how you have been a victim of bullying and persevered. This essay is to be typewritten and not exceed 2 pages (roughly 1,000 words), 12pt font, single spaced. This should be typed separately from this document and attached.

Part III - Peer and Educator Recommendations

Please give the final pages of this application to the peer and teacher, professor, counselor, or administrator you choose. For mail submissions, ask that the recommendation be returned to you in a sealed envelope. You may ask to review these recommendations if you want.

For email submissions, you may either add Parts II & III to this document or submit them as separate files. Title each file clearly and with your last name - the important thing is for the scholarship committee to know what files go with which application.

If you have questions concerning submission, please reach out to scholarships@paytonproject.org. Thank you for taking the time to send us your submission!

Educator Recommendation Form

Student Name _____

This student is applying for the 2024-2025 Freeze Bullying Scholarship. This scholarship, given in memory of Payton Rose Freeze, is intended to recognize and reward students who have demonstrated an effort with clear action to directly combat bullying and cyberbullying, or someone who has been a victim of bullying and persevered.

Your comments are critical to the scholarship committee. Please return the completed recommendation before April 1st, 2025. That is the deadline for them to submit their application to us. Upon request, the student may review your recommendation. The scholarship committee appreciates your evaluation of this scholarship applicant.

Please complete the form below or attach a separate letter of recommendation.

Please provide specific examples of how the applicant has met the criteria for the scholarship.

Provide any other comments about the applicant that would help the committee reach its decision.

Educator's Name _____

Position _____

School or Work Location _____

Phone/EXT _____ Email _____

Signature _____ Date _____

Peer Recommendation Form

Applicant Name _____

This person is applying for the 2024-2025 Freeze Bullying Scholarship. This scholarship, given in memory of Payton Rose Freeze, is intended to recognize and reward students who have demonstrated an effort with clear action to directly combat bullying and cyberbullying, or someone who has been a victim of bullying and persevered.

Your comments are critical to the scholarship committee. Please return the completed recommendation before April 1st, 2025. That is the deadline for them to submit their application to us. Upon request, the applicant may review your recommendation. The scholarship committee appreciates your evaluation of this scholarship applicant.

Please complete the form below or attach a separate letter of recommendation.

Please provide specific examples of how the applicant has met the criteria for the scholarship.

Provide any other comments about the applicant that would help the committee reach its decision.

Peer Reviewer's Name _____

Relation to Applicant _____

Email _____

Signature _____ Date _____