

'Tween USA' is an educational program established by the *WOC Cultural Foundation, Inc.* (WOCCF). The purpose of the program is to provide a supportive and congenial environment for self awareness, personal growth, and respect for others from diverse backgrounds. The program helps to nurture and build positive scholastic achievement, creativity, healthy living, community involvement, life skills, self confidence, poise, and effective communication skills. The program also provides financial assistance for middle school education.

ELIGIBILITY CRITERIA

Young men and women currently enrolled in **middle school** may compete for scholarship money. Participants of this program must live or attend school in the Florida First Coast area (*e.g., Baker, Clay, Duval, Flagler, Nassau, Putnam, and St. Johns counties*). Completed Application and one letter of recommendation should be mailed before *November 8, 2019.*

Orientation with parents and participants is <u>required</u> on <u>either</u> Thursday, November 14, 2019 from 6:30 - 7:30 p.m. <u>or</u> Saturday, November 16, 2019 from 10:00 - 11:00 a.m. at WJCT Public Broadcasting, 100 Festival Park Avenue, Jacksonville FL 32202 (next to Metro Park, across from the TIAA Stadium) in downtown Jacksonville.

SCHOLARSHIPS

The following scholarships are awarded:

Mr. or Miss 'Tween USA' - \$500* Second Place Winner - \$250* or Third Place Winner - \$100* Certificate of Participation will be given to each participant.

Mr. or Miss Tween USA must attend at least one selected Cultural Foundation function during their reign.

REQUIREMENTS, RULES, AND REGULATIONS

The program is open to young men and women who meet the criteria set forth in the following Requirements, Rules, and Regulations.

Each participant must:

- Be a legal resident of the United States or a U.S. citizen.
- Maintain good standing with their academic institution and provide one letter of recommendation with completed application.
- Be able to fulfill the time commitment and responsibilities of the scholarship program.
- Attend the orientation and workshops. Workshops are held from 10:00 am 12:00 p.m. unless other wise stated. Participants are to be picked by 12:15 p.m.
- Be respectful to fellow participants, guest presenters, program administrators and staff.
- Agree that all decisions of judges are final, irrevocable and binding.
- Sign application authorizing the Cultural Foundation the right to use student's name and photograph for publicity purposes.
- Agree that Cultural Foundation reserves the right to change date and/or location of the program.
- Participant is responsible for their own wardrobe.
- Be responsible for a minimum of one page ad in the souvenir program book and five event passes.
- Show sportsmanlike behavior (*i.e., no teasing, no disrespectfulness, etc.*). Any participant and/or family member showing less than sportsmanlike behavior will lead to disqualification of the participant. No awards will be given under these circumstances.

CONTACT INFORMATION

Please contact the WOC Cultural Foundation (904) 683-1757 or (904) 635-5191 should you have any questions or to obtain additional applications.









TWE	EEN USA' EDUCATI APPLICATION [PLEASE PRINT O			
Participant's Name				
Address				
City	State		_ Zip	
Telephone	Cell#	Email_		
Name of School		Grade	GPA	_
Age Gender	Date of Birth/	/		
Favorite hobbies:				_
Career ambition:				_
Favorite Quote:				_
Give 3 fun facts to describe				
Proudest moment:				_
Parent/Guardian				
Telephone Number	Cell#	Email		
I have read and agree to the r I certify that I meet all of the p submitted to the Women of Co	participant requirements, rules	and regulation	is. I further understand	
Participant's Signature	Date			
I give permission for my son/d	aughter to enter the Tween US	SA Education P	Program.	
Parent's Signature	Date			
	completed application and Tween USA Educ c/o Women of Color Cul 100 Festival P Jacksonville, Fl	cation Program tural Foundat ark Avenue lorida 32202	n ion, Inc.):
You will be	e contacted within 30 days	of receipt of	your application.	
BAPTIST Medical Center	Women of Color Colural Foundation. In:	WCEL	Florida Blue 🔤 👽	



'TWEEN USA' EDUCATION PROGRAM

REFERENCE FORM [PLEASE PRINT OR TYPE]

DATE: _____

Dear Selection Committee,

is applying to become a participant in the *Tween USA* Education Program. I have known him/her for _____ years.

I would rate his/her overall attitude and ability to get along with others as: (check one) Outstanding _____ Good ____ Average ____ Fair ____ Poor ____.

I would rate his/her overall competence as: (check one) Outstanding ____ Good ___ Average ___ Fair ___ Poor ____

Briefly I believe his/her greatest strengths and weaknesses are (be specific): Strengths

Weaknesses _____

Other comments about this person that I feel would make him/her deserving of this educational scholarship:

Sincerely (Signature),

Print Name:

Contact information: (Cell#)

(E:mail Address)

Please complete and return with application, or mail to:

Women of Color Cultural Foundation, Inc. 100 Festival Park Avenue Jacksonville, FL 32202







