

# SECOND CHANCES

Application for the Lagman Foundation  
2021 Second Chances Fund

Please fill out the form below and email the completed application along with the requested materials to [maryalichelagman@gmail.com](mailto:maryalichelagman@gmail.com). (Scan into one PDF file if possible.) Either the nominator or the student may submit the application.

Deadline: **November 30, 2021**

## CONTACT INFORMATION

First Name:	
Last Name:	
Address 1:	
Address 2:	
City:	
State:	
Zip:	
Phone:	
Email:	

## NOMINATOR

Name:	
Relationship:	
Email:	
Phone No.:	

## GENERAL INFORMATION

Date of Birth:	
Gender Identity:	
Preferred Pronouns:	
Race/Ethnicity: <ul style="list-style-type: none"><li>• American Indian or Alaska Native</li><li>• Native Hawaiian or Pacific Islander</li><li>• Asian</li><li>• Filipino</li><li>• Black or African-American</li><li>• Hispanic or Latino</li><li>• White</li><li>• Other (specify)</li></ul>	

## PARENT/GUARDIAN CONTACT INFORMATION

Name of Parent or Guardian:	
Parent/Guardian Phone Number:	
Parent/Guardian Email Address:	

## SCHOOL INFORMATION

School District Name:	
High School Name:	
High School Address:	
School City:	
School State:	
School Zip Code:	
School Phone Number:	
School Fax Number:	
Principal/Director Name:	
School Counselor:	
Counselor Phone Number:	
Counselor Email Address:	

GPA:	
School Type (public, charter, private, alternative, etc.)	

**EXPERIENCE AND HONORS (Attach separate page if necessary and include with application.)**

Please list any of the following: <ul style="list-style-type: none"> <li>• work/job experience</li> <li>• community service/volunteer</li> <li>• leadership experience</li> </ul>	
Please list any honors or awards received:	

**ATTACHMENTS**

1. High School Transcripts ***OR*** a piece of art (poem, short story, photo of painting or sculpture, etc.) if that is where the applicant’s aptitude lies”
2. Middle School Transcripts or Report Cards. If none available, please provide a brief explanation.
3. Personal Statement: *1000-word limit*, please double-space.  
 Tell us how you have turned your life around. A loose format would be the following:
  - a. What it was like – a brief account of your circumstances or who you were before your change in direction.
  - b. What happened – your turning point.
  - c. What it is like now – tell us about you/your life now and your goals for the future.
4. One letter of recommendation

## AUTHORIZATION

I hereby authorize and irrevocably grant to the Lagman Foundation and its affiliates, licensees, agents, employees and assigns the unrestricted right to use and publish any part of the information I have provided to the Lagman Foundation and the right to record my name, appearance, likeness, the sound of my voice and my comments on film, videotape, audiotape, still photographs, print and any other form of media now known or hereafter invented. I acknowledge that the Lagman Foundation shall own all right, title and interest in and to this media. I further agree that the Lagman Foundation may cause all or parts of this media to be used for any and all of its publications, exhibits, public displays, editorials, advertising or for other purposes. I agree that I have not been paid, have not received other consideration and have no monetary rights to the audio recordings, films, videos or photographs and that such media belongs to the Lagman Foundation.

I waive any right of inspection or approval of the media or any advertising or publicity in which my name, voice, appearance, likeness, narrative or comments might appear. I expressly release, discharge and agree to hold harmless the Lagman Foundation and its agents, employees, licensees, affiliates and assigns from and against any and all claims including, but not limited to, invasion of privacy and misappropriation that I might have now or at any time in the future in any way relating to my interview or its use.

I understand this permission signifies that photographic, audio or video recordings of me may be electronically displayed via the internet or in other public settings. There is no time limit on the validity of this release nor is there any geographic limitation on where the materials contemplated hereby may be distributed.

I acknowledge that I have completely read and fully understand the above release and agree to be bound hereby. This release shall be binding upon me and my heirs, legal representatives and assigns.

I understand that this scholarship program requires me to attend the scholarship presentation event.

\_\_\_\_\_  
Applicant Signature  
Print/Type Name: \_\_\_\_\_

Date \_\_\_\_\_

### **If a minor**

\_\_\_\_\_  
Parent or Legal Guardian Signature  
Print/Type Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

Date \_\_\_\_\_