

Reimagined Admissions Scholarship Application

Reimagined Admissions will award Comprehensive College Admissions Consulting Packages to up to two (2) eligible Class of 2027 Juniors currently attending Niceville High School, Collegiate High School, Destin High School, or Rocky Bayou High School. The application is open to all Class of 2027 Juniors, with preference given to first-generation students and/or students with demonstrated need.

Services will begin in February of 2026 and continue through May 1st, 2027, and will include all aspects of assisting the student in pursuing his/her higher education goals, including:

- Student Interest and Skills Inventory with Major and Career Fit Exploration
- College Readiness with Campus Social & Cultural Fit Evaluations
- SAT/ACT Test Prep Strategy Plan (test prep services not included)
- Financial Literacy for College: Financial Aid, Grants, Scholarship and Merit Guidance
- Creating a Strategically Targeted, Custom College List
- Academic Narrative, Activities & Honors, and Professional Student Resume Development
- Guidance on writing the Personal Statement (Consultant will assist student with brainstorming and feedback. Student will write their own essays)
- Consolidating the Supplemental Essays & Editing up to eight (8) Supplemental Essays
- Review of Up to Four (4) Scholarship Essays

Parents/Guardians will be required to sign a no-fee contract for services for students under 18. Services will continue through May 01, 2027. The value of the counseling services to be delivered is \$4,500 per student. This is a service-only scholarship - no monies of any kind will be awarded to the student.

CRITERIA: The following criteria will be used to select student awardees: Academic Achievement, Work/School/Home Activities and Responsibilities, Community Involvement, Essay and Short Answer Responses, and Teacher Evaluation. First-generation and/or students with demonstrated need will receive priority consideration.

CONFIDENTIALITY: The Scholarship Committee agrees to hold Student information, including personally-identifiable Student information, education records, and financial information in strict confidence and will use reasonable industry practices to establish and maintain adequate procedures to ensure the confidentiality and privacy of such confidential data from unauthorized use or disclosure.

DEADLINE: All materials must be submitted no later than Sunday, January 25th at 6 pm CT to michelle@reimaginedadmissions.com. Applicants should submit this application as a scanned document. Teacher Evaluations should be sent separately by those providing the information.

I will acknowledge receipt of your application by email and will keep you updated on the status of your teacher evaluation, so you know your file is complete.

The Scholarship Committee will review all applications and announce winners no later than February 8th, 2026.

REQUIREMENTS:

Please use this checklist to ensure your package is complete before sending it. Documents should be completed, scanned, and sent via email to michelle@reimaginedadmissions.com

Please complete all sections. Incomplete packages cannot be evaluated.

- Application Form
- Discipline Response (if applicable)
- Essays and Short Answers
- Unofficial High School Transcript
- A copy of any active IEP, 504, or EP (if applicable)
- Copies/Screenshots of any PSAT/SAT/ACT scores. *If you have not yet tested, please mark "unavailable" Please do not omit any scores because you're not happy with them yet - we need to know so we can help!*
- Evidence of Financial Need (if applicable).

Please provide evidence that you/your family are:

- Enrolled in federal free or reduced-price lunch program (USDA/NSLP)
- Enrolled in a program for economically disadvantaged (GEAR UP, TRIO, Upward Bound, etc)
- Residing in a foster home, are a ward of the state, or are homeless
- Receiving low-income public assistance or living in federal-subsidized public housing
- Living on an income that is at or below USDA levels for free or reduced-price lunches.

Please ensure that the following has been requested and that your teacher has what they need to complete the following:

- Teacher Evaluation

Class of 2027 Admissions Consulting Scholarship Application

Please complete all the information below

Student Information

Student Name: _____

Address: _____

Email: _____

Phone Number: _____

School:

- Niceville High
- Collegiate High School
- Destin High School
- Rocky Bayou High School

Date of High School Graduation (MM/YY):

Have you ever had a 504, IEP, or EP? Yes No

Please provide a copy of any 504, IEP, or EP in your application. Active IEPs, 504s, or EPs will not have any impact on your eligibility for our scholarship. It simply helps us understand what supports and services you might need in working with us - and in your best college placement.

Are you working with any other test prep or college consultants? Yes No

If applicable, please list those people/companies here: _____

Are you a U.S. Citizen?

Immigrant or undocumented status will not disqualify you from this scholarship

At any time after age 13, have you been a part of the foster system?

Some students meeting additional criteria may have significant higher education benefits

As part of your college admissions journey, are you planning to participate in athletic or talent (art, music, theatre) recruitment?

Discipline

Have you ever had a referral to the discipline office of your school?

An answer of “yes” does not preclude you from services.

Yes

No

Have you ever been convicted of a violation of any state or federal law, other than a traffic violation?

An answer of “yes” does not preclude you from services.

Yes

No

*If you answered “yes” to either of the above questions, please provide a one-paragraph statement explaining what happened on a separate sheet of paper.

Family Information

Who does the student live with? (list all and relationship)

Parent 1/Guardian 1 (REQUIRED)

Name: _____

Email: _____

Phone Number: _____

Does Parent 1 have a degree from any college or university?

Yes

No

If yes, list the degree, year earned, and institution: _____

Parent 2/Guardian 2 (OPTIONAL. If N/A or the student is not in contact with this parent, please skip.)

Name: _____

Email: _____

Phone Number: _____

Does Parent 2 have a degree from any college or university?

Yes

No

If yes, list the degree, year earned, and institution (if known): _____

Parent 3/Guardian 3 (OPTIONAL. If N/A or the student is not in contact with this parent, please skip.)

Name: _____

Email: _____

Phone Number: _____

Does Parent 1 have a degree from any college or university?

Yes

No

If yes, list the degree, year earned, and institution: _____

Parent 4/Guardian 4 (OPTIONAL. If N/A or the student is not in contact with this parent, please skip.)

Name: _____

Email: _____

Phone Number: _____

Does Parent 2 have a degree from any college or university?

Yes

No

If yes, list the degree, year earned, and institution (if known): _____

Qualifying for Financial Need

We understand that financial information is sensitive and families may not wish to disclose details of their personal situation. This section is optional but highly encouraged. All information provided will be held in the strictest of confidence.

Do you believe you may qualify as a need-based applicant?

Yes (please answer next question)

No (continue to next section)

Please provide evidence of financial need as an attachment to this application. Financial need is qualified if you and your family are:

- Enrolled in federal free or reduced-price lunch programs (USDA/NSLP)
- Enrolled in a program for economically disadvantaged (GEAR UP, TRIO, Upward Bound, etc)
- Residing in a foster home, are a ward of the state, or are homeless
- Receiving low-income public assistance or living in federal-subsidized public housing

OR

- Living on an income that is at or below USDA levels for free or reduced-price lunches. (Please provide the following information for verification)

Family size (number of adults & children): _____

Approximate yearly household income: _____

Please explain any special needs or circumstances (ie, medical expenses, significant impact on income, etc.):

Activities

Help us get to know you! What do you do when you're not at school?

Please list all activities you have participated in during high school. Don't forget work and/or family responsibilities (those count, too!) Include clubs, athletics, hobbies, sports, and anything that fills your time (even if it's a quirky hobby you're not sure constitutes an activity - we're curious to learn more about you.)

If you tried an activity and left it – please list it. It's ok if you decide something isn't for you! (And don't feel the need to fill all the spaces – but DO use as much space as needed to tell us about yourself. If you need more room, feel free to use a separate sheet of paper.)

Awards

Some students have honors or awards they have earned over their high school career. List those here.

Activity	Grade				Description
	9	10	11	12	

Essays and Short Answers

Please answer each of the following questions on a separate paper. Please don't stress about these "essays"; we're not evaluating your writing. Instead, simply answer these questions as if we were sitting across from one another, having a conversation. We simply want to get to know you!

- 1.) What's your story? Tell us why you want to go to college. (500 words or less)
- 2.) What worries you most about applying to college? (150-200 words)
- 3.) Sometimes students have situations that impact their academic performance. If this is you, help us understand your experience. (Optional)

Teacher Evaluation

Teachers have a unique and valuable perspective that helps colleges and universities understand how a student might contribute to and enrich their communities. It also helps our scholarship committee understand the character and capability of students applying for assistance.

Your student, _____, is applying for a competitive opportunity to receive fee-free (scholarship) professional admissions counseling services from Reimagined Admissions. Please provide your professional and personal evaluation of this student in the areas below, then scan and send this document to michelle@reimaginedadmissions.com before **Sunday, January 25th**.

We know teachers don't get paid for filling out these sorts of recommendations, and the day-to-day demands of teaching are enough without extra paperwork. Please accept our sincere appreciation for taking the extra time to assist your student – and for continuing to go the extra mile to support the pursuit of their dreams.

Michelle Duncan
Principal Consultant, Reimagined Admissions
www.reimaginedadmissions.com
850-333-2018

Student Name: _____

Grade Level: _____

Teacher Name: _____

Course(s) Taught to Student: _____

What are the first five words that come to your mind to describe this student?

What do you enjoy most about teaching this student?

Are there any factors/circumstances that you believe may have interfered with the student's academic performance?

Compared to other students in their class, how do you rate this student in terms of:

Please check one box for each line

	No basis	Below Average	Average	Good (above avg)	Very Good (well above average)	Excellent (top 10%)	Outstanding (top 5%)
Academic Achievements							
Intellectual Promise							
Quality of Writing							
Creative Thought							
Productive Discussion							
Faculty Respect							
Disciplined Habits							
Maturity							
Motivation							
Leadership							
Integrity							
Reaction to Setbacks							
Concern for Others							
Self Confidence							
Initiative							
Overall Evaluation							

If you have any other information or comments, positive or negative, or context that you feel is relevant to the student's application, please feel free to provide them here or on an additional sheet of paper.