



**WALTER (PEE-WEE) SPARROW  
Memorial Scholarship Award  
Managed by Truth Outreach**



**ABOUT WALTER (PEE-WEE) SPARROW AND  
THE MEMORIAL SCHOLARSHIP AWARD**

Walter Sparrow was born in 1961 in St. Augustine, Florida. He attended St. Augustine High School. After high school, he went on to serve in the United States Army. He served in the Army for only a short time, before being sent to Lake Butler. Here, in Lake Butler, is where he was diagnosed with Schizophrenia.

Walter battled with mental illness most of his adult life. Although his illness prevented him from maintaining full time employment and continuing his career in the military, it didn't stop him from volunteering in his local community. He was a fixture in his neighborhood, as well as his community. He always helped with various charity events and providing aid to the elderly. He also enjoyed spending time with children; bringing fun and joy into their lives.

Walter was born premature at two pounds and eight ounces. He was so small that he could be held in the palm of your hand. The nurses in the hospital began calling him, Pee-Wee. And that's how Walter "Pee-Wee" Sparrow was born. Walter died on September 19<sup>th</sup>, 2019. He was survived by his mother, seven siblings and their dependents. His favorite niece and her mother wanted to honor him by creating this memorial scholarship fund for a high school student entering the mental health field.

***"Despite his mental illness, he was a wonderful person  
and tried to live his life to the fullest"***

***Demetrice Burns, niece***

7749 Normandy Blvd., #145-305, Jacksonville, FL 32221  
[www.truthoutreachmin.org](http://www.truthoutreachmin.org)  
(904) 330-8750



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**Award Qualifying Criteria:**

- US Citizen
- Senior class student of either:
  - St Augustine High School
  - Menendez High School
- GPA of 3.0 or better (unweighted)
- SAT score 1000 or better (copy of email or website scores accepted)
- ACT score 25 or better (copy of email or website scores accepted)
- 50 volunteer hours of community service
- 80% attendance rate (calculated by total school days/days attended)
- Accepted at a college, university, or technical institute (copy of email or website accepted)

**Award Submission:**

- Application submitted by March 31<sup>st</sup> (April review period, May 1<sup>st</sup> award announced)
- Essay 1 page – Why are you entering the Mental Health field?
- Copy of transcript
- Copy of college, university, or technical institute acceptance letter (copy of email or website accepted)
- One referral letter, from either of the following:
  - teacher or school faculty
  - community leader
  - family supporter (non-parent)

**Submit to:**

- [truthoutreachmin@yahoo.com](mailto:truthoutreachmin@yahoo.com) or
- **Truth Outreach**  
**c/o Walter Sparrow Scholarship**  
**7749 Normandy Blvd. #145-305**  
**Jacksonville, FL 32221**

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**Please print your answers in black or blue ink:**

(Use an additional piece of paper, if necessary)

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

2. Mailing Address Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Daytime telephone number: (    ) \_\_\_\_\_ 4. Date of birth: \_\_\_\_\_

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

5. Unweighted Grade Point Average (GPA): \_\_\_\_\_ (On a 4.0 scale)

ACT/SAT score: \_\_\_\_\_

6. Name and location of high school: \_\_\_\_\_

7. A. List any academic honors, awards and membership activities while in high school:

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B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:

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C. List your non-school sponsored volunteer activities in the community:

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8. A. Which college/university do you plan to attend: \_\_\_\_\_

B. Have you received any other scholarships: (yes/no) \_\_\_\_\_ C. Name of scholarship: \_\_\_\_\_ D. \$ \_\_\_\_\_

NOTE: Answering yes to this question doesn't disqualify you for this scholarship award.

9. Anticipated field of study: \_\_\_\_\_

10. Which degree do you intend to complete at the above-named school:

\_\_\_\_\_ Technical license/certificate      \_\_\_\_\_ AA/AS Degree

\_\_\_\_\_ BA/BS Degree      \_\_\_\_\_ Master's Degree

\_\_\_\_\_ Doctorate/Other



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**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 hereby understand that if chosen as a scholarship winner I will try to be present at any awards ceremony and/or reception to receive my scholarship award.

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: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR**

I hereby affirm that this application meets the criteria set forth by this scholarship program and support submission of this application for the Walter (Pee-Wee) Sparrow Memorial Scholarship.

Name of Guidance Counselor: \_\_\_\_\_

High School: \_\_\_\_\_

Contact information (email and phone): \_\_\_\_\_

Signature of Guidance Counselor: \_\_\_\_\_ Date: \_\_\_\_\_