

**BRISTOL VIRGINIA PUBLIC SCHOOLS EDUCATION FOUNDATION**

**SCHOLARSHIP APPLICATION**

***Please complete and return this application to your Guidance Counselor no later than APRIL 30, 2020.***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last First Middle**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_**

**Month/Day/Year M or F**

**Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent(s)/Guardian(s) Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ages of other children at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List names of other children in a post-graduate program and the names of the post-graduate program**

**they are attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List extracurricular activities and note in what way you participated and any position of responsibility you may have had.**

**\_\_\_\_\_\_School Activity Year Participation Position\_\_\_\_\_\_\_\_**

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**Community Activity Year Participation Position\_\_\_\_\_\_\_\_**

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**Please list any hardships you have overcome that have impacted your life.**

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**WORK EXPERIENCE**

**Work Experiences (part-time and full time) and average number of hours worked weekly**

**Business/Company Dates (to and from) Position Duties**\_\_\_\_\_\_\_\_\_

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**List any honors or special recognitions you have received in and out of school.**

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**List special interests, hobbies, and/or talents you have.**

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**List, in order of preference, the College/University/Business School/Trade/Technical School to which**

**you have applied and date of acceptance.**

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**Program of Study to be pursued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List your career objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Describe/list the process/steps planned in obtaining your career ambition:**

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**List other scholarships or financial aid that you have received.**

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**Describe, in your own words, why you believe you are the best candidate for this scholarship.**

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**STUDENT SIGNATURE:**

**I have completed this application and certify that the information given is accurate and correct.**

**I agree to use these scholarship funds toward my post-graduate program for tuition, fees, and**

**expenses.**

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**(Signature of Student) Date**

**PARENT/GUARDIAN SIGNATURE:**

**I have reviewed and read this completed application and certify that the information given is**

**accurate and correct.**

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**(Signature of Parent/Guardian) Date**