

COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY SCHOLARSHIP APPLICATION INSTRUCTIONS

(Read very carefully and follow exactly)

Student Name

Mr. Ms.

_____ Last Name

_____ First Name

_____ MI

Please see page 2 for a complete description and full eligibility requirements of all the listed scholarships **before** choosing the scholarship(s) you wish to apply. This information and downloadable applications are also available on our website at www.cfrba.org.

APPLICATION DEADLINE: Friday, March 15th, 2019 at 5:00 P.M. This is NOT a postmark deadline.

I am applying for the (mark all boxes that apply):	Application Checklist (For Applicant Use)
<input type="checkbox"/> Lexington High School Alumni Scholarship <input type="checkbox"/> Charles L. Lauck, Jr. Memorial Scholarship * <input type="checkbox"/> Jacqueline Corbin Pleasants Scholarship Fund <input type="checkbox"/> George C. Marshall Chapter of MOAA Scholarship <input type="checkbox"/> Blair Family Scholarship <input type="checkbox"/> Pastor Fred for the Bethesda/McElwee Chapel Scholarship	<input type="checkbox"/> Completed Application <input type="checkbox"/> Current Resume <input type="checkbox"/> Official transcripts <input type="checkbox"/> 3 Letters of Recommendation in envelopes sealed by the writer <input type="checkbox"/> Copy of most recent federal income tax return(s) or Student Aid Report <input type="checkbox"/> Essay (if required)

Please complete only ONE application form!

Many of the scholarships have a specific purpose and selection criteria. DO NOT apply for any scholarship(s) for which you do not qualify.

ALL APPLICANTS: Complete all pages of the application and any supplemental forms/essays as required.

- If you are a high school student, make sure a School Official/Guidance Counselor submits an official high school transcript.
- If you have graduated from high school or have never been enrolled in college, you must attach a copy of your high school transcript.
- If you are currently enrolled in college, you must attach a copy of your official college transcript. If you have only been enrolled for one semester, please submit whatever school record available.
- If it is the policy of the school you attend not to give official school records to students, then these records may come directly from the school providing they arrive before the deadline. School Records not received by the deadline will be considered incomplete and will not be reviewed.
- You must have three (3) letters of recommendation. ALL recommendations should be given to you by the writer in a sealed envelope. You should send the envelopes to COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY unopened. Do not send separately. Recommendation letters that are sent under separate cover must arrive by the deadline or your application will be considered incomplete and will not be reviewed.
- Website generated transcripts or faxed transcripts will not be accepted.

PLEASE BE SURE THE FOLLOWING MATERIALS ACCOMPANY YOUR APPLICATION:

1. Completed Application. **DO NOT STAPLE YOUR APPLICATION OR ITS ATTACHMENTS.**
2. Current Resume. Please include your academic/scholastic activities (clubs, student government, National Honor Society, etc), sports, community activities (civic activities, clubs, volunteer work, faith activities, etc), number of years you have participated and your leadership position, letters earned, awards received, and recognitions. Additionally, please include your work experience such as self-employment, employer name, nature of work, supervisory positions held, and dates employed. (Maximum 2 page)
3. Most recent high school transcript and/or college transcript.
4. Three (3) letters of recommendations in envelopes sealed by the writer.
5. All essay(s) noted on page 2.

*****Incomplete applications and applications that arrive after the deadline will not be reviewed.*****

APPLICANT STATEMENT: I certify that I have read and understand the scholarship application instructions and requirements stated above.

Applicant's Signature _____ Date _____

SCHOLARSHIP DESCRIPTIONS AND ELIGIBILITY REQUIREMENTS

I am applying for the following scholarship or scholarships:

Lexington HS Alumni Scholarship

Typical Grant: \$500

ELIGIBILITY REQUIREMENTS

- Be a graduating senior from Rockbridge County High School.
- Demonstrate high moral values, a concern for others, and involvement in the school and community.
- Demonstrate the ability to balance an academic, athletic, and community-oriented career while in high school.
- Financial need and work ethic (will be considered but will not weigh as equally as the other qualifications).

Charles L. Lauck, Jr. Memorial Scholarship

Typical Grant: \$1,000

ELIGIBILITY REQUIREMENTS

- Be a graduating senior who has attended Rockbridge County High School for all four years.
- Demonstrate high moral values, a concern for others, and involvement in the school and community.
- Demonstrate the ability to balance an academic, athletic, and community-oriented career while in high school.
- Financial need and work ethic (will be considered but will not weigh as equally as the other qualifications).
- Recommendation Forms must be completed by any academic teacher who has taught the student, an athletic coach who has coached the student, and any guidance counselor who has counseled the student.

ESSAY TOPIC: Provide information on your educational and occupational plans and why you have chosen them, your financial need and work history, if any, and why you think you are qualified to receive this scholarship (one page maximum).

Jacqueline Corbin Pleasants Scholarship Fund

Typical Grant: Between \$500- \$1,000

ELIGIBILITY REQUIREMENTS

- Be a graduating senior who has attended Rockbridge County High School.
- Enroll full-time in an accredited two- or four year college or university.
- Demonstrate a capacity to satisfactorily complete college-level studies.
- Demonstrate good citizenship and leadership as evidenced in school and community activities.
- Demonstrate financial need.

George C. Marshall Chapter of MOAA Scholarship

Typical Grant: \$350-\$500

ELIGIBILITY REQUIREMENTS

- Child of active duty, reserve, National Guard or retired members of the United States military.
- Be a graduate from a high school or equivalent in Rockbridge County.
- Enroll full-time in an accredited four year college or university.
- Demonstrate a capacity to satisfactorily complete college-level studies
- Demonstrate good citizenship and leadership as evidenced in school and community activities.

Blair Family Scholarship

Typical Grant \$500

- Be a graduating senior or graduate of Rockbridge County High School;
- Beginning in the summer/fall as a student full-time in an accredited two- or four year college or university in the Commonwealth of Virginia.
- Demonstrate a capacity to satisfactorily complete college-level studies through high academic achievement
- Demonstrate good citizenship as evidenced in school and community activities; with strong preference to applicants with extensive leadership experience in 4H and athletic participation.
- Demonstrate financial need.
- Resident of Rockbridge Baths (In the event that there is no eligible candidate from Rockbridge Baths, the scholarship may be awarded to a Rockbridge County resident.)

Pastor Fred for the Bethesda/McElwee Chapel:

Typical Grant; \$500

- Be a graduating senior or a recent graduate (3 years)
- Beginning in the summer/fall as a student full-time in an accredited two- or four-year college or university; trade program or certificate program
- Demonstrate a capacity to satisfactorily complete college-level studies through high academic achievement, and meeting all other requirements of the technical/trade school or certificate program of the institution selected;
- Demonstrate good citizenship as evidenced in school and community activities; with strong preference to applicants with extensive leadership experience.
- Demonstrate financial need- KEY COMPONENT
- Resident of Rockbridge County;
- Be an active participant in the life of Bethesda/McElwee Chapel parish. (In the event there is no eligible candidate from Bethesda/McElwee Chapel the scholarship may be rolled over or awarded as the committee sees appropriate.)

PERSONAL INFORMATION

Please print clearly in blue or black ink or Complete on your computer

Student Name

Mr. Ms.

Last Name

First Name

MI

Mailing Address

Address _____

City _____ County _____ State _____ Zip _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Cell Phone (include area code) _____

Birthdate (mm/dd/yyyy) _____ Last 4 digits of your Social Security Number _____ Gender Male Female

Email address: for office use only by the Community Foundation staff _____

Permanent Address (if different from above) Correspondence will be sent to your permanent address.

Address _____

City _____ County _____ State _____ Zip _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Are You A

G.E.D. Graduate High School Senior High School Graduate, Never Enrolled in College

Undergraduate Student (ages 17-24) Undergraduate Student (ages 25+) Graduate Student

High School _____ Graduation Date (mm/yyyy) _____

City _____ State _____

Educational History (if applicable)

Please list educational institutions you have attended as well as workshops, seminars, etc. Provide only post-high school information. Begin with the most current information.

Name of Institution	# of Credit Hours	GPA	Dates Attended	Degree Granted
			-	
			-	
			-	
			-	

MARK APPROPRIATE CHOICE

Level you will be entering in college: Freshman Sophomore Junior Senior Graduate

List in order of your preference the colleges or institutions to which you have applied and complete the additional information.

Name of College or Institution	Type of Institution (2 yr./4 yr./voc./tech./seminary/other)	Accepted? Yes/No/Pending	COST (Tuition, Room & Board)
			\$
			\$
			\$
			\$

Degree you will be pursuing: AA AS BA BS MA Graduate Other _____

Field of study _____

Will you be enrolled:

Full-time (12 or more hours) Part-time (6-11 credit hours) Less than part-time (Less than 6 hours) How many hours are you taking? _____

Will you live: on campus off campus with parents Other _____

Have you applied for other scholarships? YES NO

If no, please explain why not: _____

Have you received other scholarships? YES NO

APPLICANT STATEMENT: I also certify that the information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from a scholarship. I further certify that, if funds are received, they will be used for the educational purposes for which they are granted. I also give permission for my high school to release any information necessary to process my application.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



FINANCIAL AID ASSISTANCE QUESTIONNAIRE

Student Name _____

Last 4 digits of Social Security Number _____

INCOME, EXPENSES, AND ASSET DATA

This information is required to assess the financial need of each applicant. Please complete the STUDENT INFORMATION section of this form. If you are a **dependent student**, you must also have your parents complete the PARENT INFORMATION section. If federal income taxes for the 2010 year have not been filed by the time you are filling this out, you must use estimated numbers. If you are an **independent student**, information about you and your spouse, if applicable, must be included. It will be treated as **CONFIDENTIAL** information and used **ONLY** for the purpose of applicant evaluation by the scholarship committees.

You must attach copies of one of the following: (1) the **most recent federal income tax return** filed by your parents as well as your own, if you were required to file. (DO NOT INCLUDE W-2 OR SCHEDULES) or (2) your **Student Aid Report (SAR)**.

Applications without these documents will not be considered.

*You are a dependent student if you are under 24 years of age unless you: (1) are a ward of the court; (2) are married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those years; or (4) have served in the military.

	PARENT INFORMATION	STUDENT INFORMATION
Source of financial information Check one	<input type="checkbox"/> Actual numbers/Already filed <input type="checkbox"/> Estimated number to be filed	<input type="checkbox"/> Actual numbers/Already filed <input type="checkbox"/> Estimated number to be filed
Annual adjusted gross income	\$ _____	\$ _____
Total annual income earned/received from all sources	Father/Stepfather \$ _____ Occupation _____ Employer _____ Mother/Stepmother \$ _____ Occupation _____ Employer _____	Student \$ _____ Occupation _____ Employer _____ Spouse \$ _____ Occupation _____ Employer _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Other income (alimony, child support, government benefits, etc.)	\$ _____	\$ _____

Total number of people living in the household including those who are not dependents: _____

List all dependents other than the applicant:

NAME	AGE	RELATIONSHIP TO APPLICANT	SCHOOL, COLLEGE, OR OCCUPATION

Submit to:

COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY ▪ c/o CFRBA ▪ P.O. Box 20 ▪ Lexington, VA 24450

Will you be receiving any of the following financial resources to assist you with your college expenses?

FINANCIAL RESOURCES	YES/NO/PENDING	TOTAL AMOUNT(S)
Financial Aid from your college/university		
Grants		
Scholarships *		
Loans		
Work Study		
Tuition waiver		
Veteran's educational benefits		
Tuition reimbursement from employer		
Family contribution		
Savings		
Other		

*Please list all scholarships for which you have applied. If the scholarship has been awarded to you, include the amount beside the name of the scholarship.

NAME OF SCHOLARSHIP	TOTAL AMOUNT(S)

Part of the criteria is financial need. Describe personal or family circumstances that make it necessary for you to seek aid for your education. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc. that affect income, please include those as well.

CERTIFICATION

I/We certify that the information in this application is true and complete to the best of my knowledge. I/We will supply any additional information The Community Foundation may request.

APPLICANT SIGNATURE _____ DATE _____

PARENT (SPOUSE) SIGNATURE _____ DATE _____

Submit to:
COMMUNITY FOUNDATION FOR ROCKBRIDGE, BATH AND ALLEGHANY ▪ c/o CFRBA ▪ P.O. Box 20 ▪ Lexington, VA 24450