

# FOUNDATION FOR ROANOKE VALLEY ADULT LEARNING SCHOLARSHIP APPLICATION INSTRUCTIONS

(Read very carefully and follow exactly)

**Student Name**

Mr.  Ms.

Mrs. \_\_\_\_\_ 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.foundationforroanokevalley.org](http://www.foundationforroanokevalley.org).

**APPLICATION DEADLINE: Friday, March 2, 2012 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"/> Margaret Jones Irvin Scholarship Fund  <input type="checkbox"/> Connie Stephens May Scholarship Fund  <input type="checkbox"/> Foundation for Roanoke Valley Dr. George K. Bowers Youth Haven-Sanctuary Scholarship Fund  <input type="checkbox"/> The Diane E. H. Wilcox Scholarship Fund	<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 ( <b>Student Aid Report required for Margaret Jones Irvin Scholarship Fund</b> ) <input type="checkbox"/> Essay (if required)

**\*NOTE: These scholarships have essay topics to be completed. Please make sure you complete the appropriate essay and attach with your completed application.**

**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 Foundation for Roanoke Valley 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. Please do not submit letters from a relative or family member.
- Website generated transcripts or faxed transcripts will not be accepted.
- Faxed or emailed applications 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. Please include the number of hours spent on each activity. 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) Recommendation Letters in envelopes sealed by the writer.
5. You must attach copies 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.**
6. All supplemental forms and/or essays. (Refer to 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 \_\_\_\_\_

**Submit to: Foundation for Roanoke Valley ▪ c/o Michelle Eberly ▪ P.O. Box 1159 ▪ Roanoke, VA 24006**

# SCHOLARSHIP DESCRIPTIONS AND ELIGIBILITY REQUIREMENTS

I am applying for the following scholarship or scholarships:

**Margaret Jones Irvin Scholarship Fund**

**Typical Grant: \$1,000**

Fund provides higher education scholarship assistance to students pursuing an undergraduate, graduate, or doctoral degree. **A Student Aid Report must be submitted with application.**

**ELIGIBILITY REQUIREMENTS**

- Be a Virginia resident.
- Enroll full-time in an accredited two- or four-year college or university.

**Connie Stephens May Scholarship Fund**

**Typical Grant: \$350**

Fund provides educational scholarship assistance to non-traditional students pursuing an undergraduate degree at an accredited two-year institution.

**ELIGIBILITY REQUIREMENTS**

- Be a high school graduate or equivalent for at least three years.
- Be a Roanoke Valley resident currently enrolled, or enrolling, in a two-year degree program at a community college or other accredited two-year school within the Foundation service area.
- Demonstrate academic achievement with a minimum GPA of 2.5.
- Demonstrate financial need.

**ESSAY TOPIC:** Explain who the most significant person has been in the applicant's life or the most significant event of the applicant's life. The applicant letter must also include his or her career goals. (Maximum of 2 pages)

**Foundation for Roanoke Valley Dr. George K. Bowers Youth Haven-Sanctuary Scholarship Fund**

**Typical Grant: \$800**

Fund provides financial assistant to students who have **attended Youth Haven I, Youth Haven II or Youth Haven-Sanctuary, or who received extensive counseling after the Youth Haven I facility was closed**, and who desire to further their education after secondary school.

**ELIGIBILITY REQUIREMENTS**

- Be a high school graduate or equivalent.
- Enroll or plan to enroll in an institution of higher learning, including trade or technical schools.
- Demonstrate financial need.
- Must have attended Youth Haven I, Youth Haven II, or Youth Haven-Sanctuary, or received extensive counseling after the Youth Haven I facility closed.

**The Dianne E. Wilcox Scholarship Fund**

**Typical Grant: \$1,000**

Fund provides higher education scholarship assistance to students pursuing an undergraduate, graduate, or doctoral degree.

**ELIGIBILITY REQUIREMENTS**

- Be a Virginia resident.
- Enroll full-time in an accredited two- or four-year college or university.

**Submit application to: Foundation for Roanoke Valley,  
ATTN: Michelle Eberly,  
P.O. Box 1159, Roanoke, VA 24006  
(540) 985-0204**

**Or hand deliver to the Foundation's office located at:  
Patrick Henry Hotel  
611 S. Jefferson Street, Suite 8 (Second Floor)  
Roanoke, VA 24011**

**Faxed or emailed applications will NOT be accepted.**



**APPLICATION DEADLINE: MARCH 2, 2012 at 5:00 P.M.**



**THIS IS NOT A POSTMARK DEADLINE.**

# PERSONAL INFORMATION

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

**Student Name**

Mr.  Ms. \_\_\_\_\_  
 Mrs. 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) \_\_\_\_\_

Birth date (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/we certify that the information in this 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. In addition, I/we understand that the information contained in my application may be shared with the scholarship committee, the Foundation's Board of Directors, and/or scholarship sponsor. If selected as a scholarship recipient, Foundation for Roanoke Valley has my permission to use my photograph and any general non-financial information included in this application for publicity purposes. 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/Spouse 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 2011 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:**  
**Foundation for Roanoke Valley ▪ c/o Michelle Eberly ▪ P.O. Box 1159 ▪ Roanoke, VA 24006**

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. Falsification of information may result in disqualification and/or termination of any scholarship granted. I/We will supply any additional information Foundation for Roanoke Valley may request.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT (SPOUSE) SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Submit to:**

**Foundation for Roanoke Valley ▪ c/o Michelle Eberly ▪ P.O. Box 1159 ▪ Roanoke, VA 24006  
or hand deliver to:**

**The Patrick Henry  
611 S. Jefferson Street, Ste. 8 (Second Floor)  
Roanoke, VA 24011**