

# Scholarship Application

Deadline: March 31st

## Janice M. Scott Memorial Scholarship Fund

You are to submit all documentation to The Janice M. Scott Memorial Scholarship Fund, ATTN: Mr. Abraham Scott, Post Office Box 1023, Springfield, Virginia 22151

I, \_\_\_\_\_ have read and understand the requirements of the Janice M. Scott Scholarship Fund application submission process. I authorize school personnel of my high school to release transcripts of my academic record and other information requested for consideration by the Janice M. Scott Memorial Scholarship Fund Scholarship Selection Committee. I understand that this application will be made available only to qualified individuals who need to see it in the course of their duties. I waive the right to access any sealed prepared and/or written documents in support of my application submission process. If selected for a scholarship, I agree to allow my photo and mini-BIO be posted on the Janice M. Scott Memorial Scholarship Fund's website. I also affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_ \*

<b>Legal name in full</b> (Print/Type)			
	Last Name	First Name	M.I.
<b>Address of Permanent residence</b>	Number, Street, and Apartment Number		
	City	State	ZIP
<b>Name of your High School</b>			
	School Name		
<b>Address of High School</b>			
	Address	State	ZIP
<input type="checkbox"/> African American	Home telephone: (    )		
<input type="checkbox"/> Caucasian			
<input type="checkbox"/> Hispanic			
<input type="checkbox"/> Asian <input type="checkbox"/> Other			
	School telephone: (    )		
	E-mail address:		
Class Rank: Number _____ out of a total of _____ Seniors	Date of birth	Month/Day/Year	Age
(Check one) I am a <input type="checkbox"/> US citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Resident alien expecting citizenship by the date of award			
Current cumulative GPA		On a scale of	

Number of member(s) in household \_\_\_\_\_. Number of member(s) in household who will be attending college during the fall semester \_\_\_\_\_.

\*Parent or Legal guardian's signature is required if applicant is under 18 years of age.

Name:

1. List high school activities (student government, sports, publications, school sponsored community service programs, student-faculty committees, arts, music, etc.) List in descending order of significance.

High School Activities

Dates

Offices

2. List public service and community or civic activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc). Do not repeat items listed previously. List in descending order of significance.

Activities/type

Of work

Role/employer

Dates

# of Weeks Active/Average  
number of hours or weeks

**3. List part-time/full-time jobs, non-government interns, and government activities (internships with government agencies, partisan political activities, ROTC, municipal boards, and commissions). List student government under item 1.**

**4. List awards, scholarships, publications or special recognitions that you have received. List in descending order of significance.**