
Name of College/University in which the Applicant Expects to Enroll

Address of College/University

City

State

Zip Code

Career Objective: _____

(Doctor, Engineer, Lawyer, Teacher, etc.)

Extracurricular activities including honors and awards:

Athletics:

Work experience last summer:

Part-time or after-school work experience:

Why do you desire to attend college?

Have you received other scholarships?

Scholarship: _____ Amount: \$ _____

Scholarship: _____ Amount: \$ _____

Date

Signature of Applicant

The Virginia Department of Education does not discriminate on the basis of race, sex, color, national origin, religion, age, political affiliation, veteran status, or against otherwise qualified persons with disabilities in its programs and activities. The following position has been designated to handle inquiries regarding the Department's non-discrimination policies:

Superintendent of Public Instruction
Virginia Department of Education
P.O. Box 2120
Richmond, Virginia 23218-2120
Phone: (804) 225-2023

For further information on Federal non-discrimination regulations, contact the Office for Civil Rights at OCR.DC@ed.gov or call 1(800) 421-3481.

You may also view [Executive Order 6 \(2010\)](#), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. [official website](#) concerning this equal opportunity policy.

SECTION II

(To be completed by parent or guardian)

Parents: (If either or both parents are deceased, so indicate.)

Father's Name: _____ Age: _____

Address: _____
Number and Street

City/County State Zip Code

Occupation: _____ Approximate Annual Income: \$ _____

Mother's Name: _____ Age: _____

Address: _____
Number and Street

City/County State Zip Code

Occupation: _____ Approximate Annual Income: \$ _____

Guardian's Name: _____ Age: _____

Address: _____
Number and Street

City/County State Zip Code

Occupation: _____ Approximate Annual Income: \$ _____

Number of family members other than yourself and applicant:

Ages: _____, _____, _____, _____, _____, _____, _____, _____, _____, _____

Number in school: _____ Number presently attending college: _____

Number who are self-supporting: _____

Amount parents or guardian can provide annually toward applicant's college expense: \$ _____

Amount that may be available annually from other sources:

Other relatives	\$ _____
Trust funds	\$ _____
Applicant's savings	\$ _____
Applicant's summer employment	\$ _____
Any other	\$ _____

Are there any unusual circumstances that curtail the family income or increase the family expenses? (Explain in detail)

_____ Date

_____ Signature of Parent or Guardian

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SECTION III

Confidential letters of reference from at least four people not related to the applicant, including the applicant's high school principal (if applicable), shall be filed with this application. These letters should give specific information in regard to the applicant's character, personality, and ability. Particular reference must be made to the applicant's need and the family's financial ability.