

VIRGINIA BEACH SCHOOLS
FEDERAL CREDIT UNION

Application for
Graduate Study Grant



Main Office:
3701 Bonney Rd.
Virginia Beach, VA 23452

Branch Office:
Salem Commons
1625 Salem Road
Virginia Beach, VA 23456

(757) 463-3650 ext. 316

**Please read all eligibility requirements and instructions carefully.
Any missing component of the application is cause for
disqualification.**

VIRGINIA BEACH SCHOOLS
FEDERAL CREDIT UNION

The Virginia Beach Schools Federal Credit Union Study Grant was created to provide resources to educators for graduate level study to enhance classroom instruction.

Applicants for such grants must be members or joint account owners of Virginia Beach Schools Federal Credit Union. Selections and awards will be based on applicant needs and available funds. Applicants must present appropriate proof of need and must also be enrolled in or accepted to a masters level program, which ultimately will improve the quality of classroom instruction. Degrees beyond the masters level cannot be granted scholarships until the endowment fund becomes more substantial. Please urge your colleagues to donate.

Completed applications, including two recommendations, must be received by the end of the Credit Union's business day on:

April 1st for summer courses

November 1st for spring courses

Complete applications must include the following:

- **A completed application form including applicant's signature**
- **Two (2) recommendations received by the deadline (attached forms or separate letters may be used)**
- **A copy of the applicant's most recently filed tax return or joint return if filed with spouse**
- **Proof of acceptance/attendance to a credited MASTERS DEGREE PROGRAM designed primarily to enhance classroom instruction**
- **Any other information which the applicant feels would aid the Scholarship Committee in the selection process**

The Scholarship Committee of the Credit Union Board of Directors will select award recipients and notify them before the course term begins.

Applications may be ponied to VBSFCU, Central Route or mailed to Virginia Beach Schools Federal Credit Union, c/o Amy Wisilosky, 3701 Bonney Rd, Virginia Beach, VA 23452. Further information regarding scholarships may be obtained by calling AmyWisilosky, Vice President of Marketing, at 463-3650 ext. 316.

The VBSFCU Scholarship Committee, on behalf of the Board of Directors and all grant recipients, is deeply grateful for the donated checks, cash, and \$1 payday allocations to the VBSFCU Graduate Study Grants.

**Catherine Rogers
Scholarship Committee Chair
Secretary, Board of Directors**

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GRADUATE APPLICATION
This application is regarded as confidential

I. GENERAL INFORMATION

Date: _____

Name: _____
(last) (first) (middle)

Address: _____
(street) (city) (state) (zip)

Home Phone: () _____ Name of Credit Union Member: _____

Marital Status: _____

II. MARITAL INFORMATION*

*If you are married, please complete this section of the application. If you are separated, divorced, widowed, or single, leave this portion blank.

Spouse's Name: _____
(last) (first) (middle)

Occupation: _____ Position: _____

Name of Employer or Business: _____

Spouse's Gross Annual Income: _____

III. CHILDREN OR DEPENDENTS

Total dependents living with you: _____

How many children do you have? _____

How many of your children are still at home? _____

What are the ages of your children? _____

IV. CONFIDENTIAL FINANCIAL INFORMATION*

*Please remember to submit a copy of last year's tax return for verification of income.

Applicant's place of employment: _____

Applicant's Position: _____

Applicant's Gross Annual Income: _____

Do you have other sources of income? _____ If yes, what is the source? _____

Is this "other source" on a weekly, monthly, or annual basis? _____

What is your total annual household income? _____

Do you _____ own or _____ rent your home

V. GENERAL INFORMATION ON THE APPLICANT

1. Explain any special circumstances you feel the committee should know in considering your need. You may choose to continue this explanation on the back of this page.
2. Mention any significant community or professional activities and achievements.
3. List any awards or special honors you have received.

VI. INFORMATION ABOUT THE GRADUATE PROGRAM

Where did you receive your undergraduate degree? _____

What was your undergraduate major and emphasis? _____

What is the name of the university you plan to attend? _____

Address: _____

Phone: (_____) _____

Which degree program will you be pursuing? _____

How many post-graduate credits have you earned so far? _____

Are you currently receiving financial aid? ___Yes ___No

Have you received financial aid in the past for post-graduate work? ___Yes ___No

If yes, was your aid in the form of a grant or a loan? _____

Are you currently applying for other forms of financial aid in addition to this grant? ___Yes

No

What does one three-credit course cost in the program? (Include the cost of books, materials and course fees) \$ _____

VII. REFERENCES AND RECOMMENDATIONS

List two references other than relatives whom the committee may contact. Have both of the references complete a recommendation form and send it to the credit union. Please remind recipients that your form must be received by the credit union no later than the stated deadline.

Name: _____ Address: _____

Phone: (_____) _____ Title/Position and Relationship to Applicant: _____

Name: _____ Address: _____

Phone: (_____) _____ Title/Position and Relationship to Applicant: _____

VIII. ESSAY

This is your opportunity to “talk” to us about yourself in clear and orderly language. (This may be done on a separate page and attached to this application)

Question: What are your short-term and long-term goals? How do you see the achievement of a master’s degree affecting your life personally and professionally?

IX. CERTIFICATION

To the best of my knowledge, the information on this application is complete and correct. I understand the purpose of this application is to apply for financial aid for a master's program. I also understand that any missing part of this application invalidates my entry. Submission of this application in no way guarantees the awarding of financial aid to me, or the amount awarded. I also understand that the Credit Union has rights to publicize awards and award recipients. However, the usual Credit Union confidentiality will apply to pertinent information on this application.

Signature of Applicant

Date

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3701 Bonney Rd
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463-3650

JoAnn B. Wyatt Memorial Graduate Study Grant
Recommendation Form

Name of Applicant: _____

Name of Reference: _____

Title/Position and Relationship to Applicant:

1) **Since part of our decision is based on need, please include your knowledge of the applicant's financial status. Please note any special circumstances that will better aid us in making a final decision.**

2) **Another part of our decision depends on community involvement, academic aspirations, and accomplishments. Please give us your thoughts on the applicant with these elements in mind.**

Signature of Reference

Date

Please note: This form must be received by 5:00 p.m. on April 1

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Virginia Beach, VA 23452
463-3650

JoAnn B. Wyatt Memorial Graduate Study Grant
Recommendation Form

Name of Applicant: _____

Name of Reference: _____

Title/Position and Relationship to Applicant:

3) Since part of our decision is based on need, please include your knowledge of the applicant's financial status. Please note any special circumstances that will better aid us in making a final decision.

4) Another part of our decision depends on community involvement, academic aspirations, and accomplishments. Please give us your thoughts on the applicant with these elements in mind.

Signature of Reference

Date

Please note: This form must be received by 5:00 p.m. on April 1