

# JoAnn B. Wyatt Memorial Scholarship

## **Applicant Information and Directions**

**\*All information placed on applications will be considered confidential\***

1. You or your parents must be a Virginia Beach Schools Federal Credit Union member
2. You must fill out this application in its entirety, including having two recommendations from someone other than a family member, and a photocopy of your parent(s)/guardian(s) last-year tax return - 2009. The recommendations can either be attached to the application itself, or sent under separate cover to the credit union, by the deadline date of April 2, 2010 at 5 p.m. **However, we would rather have all information requested sent together.**
3. You must include a transcript from your high school (no photocopies accepted).
4. You must include a letter of intent or acceptance to the college or university of your choice.
5. If any of the above is not included with your application by the deadline date, your application will be disqualified.
6. Please send all of the above to:

Amanda Hovis  
Executive Assistant  
Virginia Beach Schools Federal Credit Union  
3701 Bonney Road  
Virginia Beach, VA 23452

**College Bound Senior Scholarship Application**

*Information on this application is regarded as confidential*

**I. GENERAL INFORMATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone: ( ) \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Name of Credit Union Member: \_\_\_\_\_ Acct No.: \_\_\_\_\_

**II. GENERAL STUDENT INFORMATION**

Number of siblings: \_\_\_\_\_ How many living at home: \_\_\_\_\_

Have you ever been or are you currently employed: \_\_\_\_ YES \_\_\_\_ NO

If yes, where? \_\_\_\_\_

List your activities and club memberships in community, school, church, etc., including any offices held and all work experiences. (List on back if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any awards or special honors you have received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. CONFIDENTIAL FINANCIAL STATEMENT\***

\*Remember to submit a copy of last year's tax information

Parent/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_

Name of Employer \_\_\_\_\_

Position \_\_\_\_\_

Gross Annual Salary \_\_\_\_\_

Family income after taxes: \_\_\_\_\_

List any other sources of income: \_\_\_\_\_

**IV. PROGRAM INFORMATION**

Name of College or University you are planning to attend \_\_\_\_\_

Address of Registrar's Office: \_\_\_\_\_

\_\_\_\_\_

Have you been accepted? \_\_\_\_\_ YES \_\_\_\_\_ NO (remember to provide proof of acceptance)

Tuition cost (yearly): \_\_\_\_\_ Books, travel, and other expenses (yearly): \_\_\_\_\_

Total amount of financial aid the student is receiving: \_\_\_\_\_

What other scholarship(s) has the student applied for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. COMMENTS**

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.

**VI. REFERENCES AND RECOMMENDATIONS**

List two references that the committee may expect from you. Have both of the references complete a recommendation form and send it to the credit union. (Notify references that forms must be received by the credit union by the deadline date.) References cannot be related to you.

Reference Number One:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Position and Relationship to Applicant:

\_\_\_\_\_

Telephone: \_\_\_\_\_

Reference Number Two:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title/Position and Relationship to Applicant:

\_\_\_\_\_

Telephone: \_\_\_\_\_

**VII. TRANSCRIPTS**

\_\_\_\_\_ Has my permission to release my son's/daughter's transcripts to be attached to this application. I understand that this application must be complete, including transcripts and recommendation forms, before the VBSFCU Scholarship Committee may consider my son/daughter for a scholarship.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

**VIII. CERTIFICATION**

To the best of my knowledge, the information on this application is complete and correct. I understand that the purpose of this application is to apply for financial aid for \_\_\_\_\_  
(Student's name)

For the educational expenses of \_\_\_\_\_  
(College's Name)

This application in no way guarantees the receipt of scholarship monies or the amount of the scholarship awarded.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## **IX. ESSAY**

Student Applicant, please tell us about yourself here in clear and orderly language.

1. Why do you feel you need or can benefit from this scholarship?

2. What are your goals for the next few years? What do you hope to accomplish and how do you see the prospects of a higher education affecting the rest of your life?

3701 Bonney Rd  
Virginia Beach, VA 23452  
463-3650

**JoAnn B. Wyatt Memorial Scholarship  
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 2, 2010**

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