

Virginia Beach Schools *federal credit union*

The *Smart* Financial ChoiceSM

JoAnn B. Wyatt Memorial Scholarship

Applicant Information and Directions (All information placed on applications is considered confidential)

1. You must be a Virginia Beach Schools Federal Credit Union member before application is submitted.
2. Only completed applications will be accepted. A complete application includes:
 - The attached application form filled out in its entirety
 - Two recommendations from someone other than a family member
 - A photocopy of your parent(s)/guardian(s)' previous year tax return – 2019 (2018 tax return is acceptable only if a 2019 return has not been filed yet)
 - A sealed, official transcript from your high school (no photocopies accepted)
 - A letter of intent or acceptance from the college or university of your choice
3. If any of the above is not included with your application by **5:00 pm on April 14, 2020**, your application will be disqualified.
4. Please send all of the above to:

Stephanie Carlock, Executive Assistant
Virginia Beach Schools Federal Credit Union
3701 Bonney Road
Virginia Beach, VA 23452

The winner(s) will be notified by a congratulatory letter. A notification letter will also be sent to your High School counselor, should there be a presentation ceremony. The scholarship will be paid directly to the recipient's college or university.

If you need further assistance, please contact me at scarlock@vbsfcu.org or 757-463-3650 ext. 337.

College Bound Senior Scholarship Application
(Information on this application is regarded as confidential)

GENERAL INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Name of Credit Union Member: _____

Acct #: _____

School: _____

Name of Parent/Guardian: _____

Parent/Guardian Address: _____

Number of Siblings: _____ How many living at home: _____

Have you ever been or are you currently employed: _____ Yes _____ No

If yes, where: _____

List activities and club memberships held in your community, school, church, etc, including any offices held and related experiences: (Attach additional pages or include your activities resume if necessary.)

List any awards or special honors you have received: (Attach additional pages if necessary.)

CONFIDENTIAL FINANCIAL STATEMENT
 (Remember to submit a copy of last year's tax information)

	Parent/Guardian 1	Parent/Guardian 2
Name		
Occupation		
Name of Employer		
Position/Title		
Gross Annual Salary		
Income after Taxes		
Other sources of income		

PROGRAM INFORMATION

Name of College or University you plan to attend: _____

Have you been accepted? _____ Yes _____ No

Student ID #: _____
 (Remember to provide proof of acceptance)

Address of Registrar's Office: _____

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

Total amount of financial aid the student is receiving: _____

What other scholarship(s) have you applied for?

Do you have other siblings attending college? If so, how many: _____

COMMENTS

On a separate typed page, explain any special circumstances you feel the committee should know while considering your need.

ESSAY QUESTIONS

On a separate typed page(s), answer the following about yourself 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?

REFERENCES AND RECOMMENDATIONS

List two references the committee may expect recommendations from. Have both references complete a recommendation form and send it to the credit union. (Notify references that forms must be received by the credit union by 5:00 pm on April 14, 2020). 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: _____

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 to assist with educational expenses.

(Student's Name)

(School'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

**JoAnn B. Wyatt Memorial Scholarship
Release of Transcript Form**

**Provide this completed page to your Guidance Counselor
for release of transcript.**

_____ has my permission to release my child's transcript 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 child for a scholarship.

Parent/Guardian Signature

Student Signature

This section to be completed by counselor of student's current school.

I verify _____ has a GPA of _____ and has a class Rank of _____ out of a class size of _____ .

Counselor's Printed Name: _____

Counselor's Signature: _____

School Address: _____

Counselor's Email Address: _____

Counselor's and/or Schools Phone Number: _____

Please include with sealed official school transcript.

Stephanie Carlock, Executive Assistant
Virginia Beach Schools Federal Credit Union
3701 Bonney Road
Virginia Beach, VA 23452

**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 pm on April 14, 2020. Attach letter of recommendation or additional pages if necessary.**

**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.

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