

# VIRGINIA BEACH SCHOOLS FEDERAL CREDIT UNION

The *Smart* Financial Choice

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## 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 – 2018 (2017 tax return is acceptable only if a 2018 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 8, 2019**, 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](mailto:scarlock@vbsfcu.org) or 757-463-3650 ext. 337.

3701 Bonney Rd  
Virginia Beach, VA 23452

**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: (Use back of sheet or include your activities resume if necessary.)

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

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**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, 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?

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**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 9, 2018**). 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

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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

VIRGINIA BEACH SCHOOLS  
FEDERAL CREDIT UNION

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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.

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Virginia Beach Schools Federal Credit Union  
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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 8, 2019.**



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Name of Reference: \_\_\_\_\_

Title/Position and Relationship to Applicant: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

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