

The Southeast Virginia Community Foundation offers the following scholarship opportunities. Please place a check mark next to each scholarship for which you are applying.

| □Armed Forces Scholarship |
|---|
| ☐ C.H. Jordan Scholarship |
| ☐ Eastern Amateur Scholarship |
| ☐ Foskey-VanDyck Scholarship |
| ☐ Horace Savage Scholarship |
| \square International Federation of Professional and Technical Engineers Local #1 Ralph McElfresh |
| Memorial Scholarship |
| ☐ Jarrod B. Shivers Memorial Scholarship |
| ☐ Josef D. Collins Memorial Scholarship |
| ☐ Mike Moreland Humanitarian Rotary Memorial Scholarship |
| ☐ Portsmouth Service League "PSL" Scholarship |
| ☐ W. Clayton Robertson Memorial Scholarship |

Additionally Required Documents:

- Official high school transcript and SAT/Achievement scores
- Two letters of reference
- One page essay describing your educational dream, how you plan to impact the future, and any special circumstances or information that may be helpful to the selection committee.
- Additional essay required for: Portsmouth Service League "PSL" Scholarship: (250-500 words) How do you live PSL's vision statement, "To empower innovative women to lead and serve while leaving a positive legacy on the community and each other"? W. Clayton Robertson Memorial Scholarship on why you wish to attend Clemson University or Medical College of Virginia, and Foskey-VanDyck Scholarship: What is your goal and what support system do you have to achieve your goal? Why you have chosen music or music education as your focus?

APPLICATION DEADLINE: APRIL 30TH

Return application to:

The Southeast Virginia Community Foundation 5800 High Street West Portsmouth, VA 23703

Applicant Information:

| Full Name: | |
|---|--|
| Social Security: | Date of Birth:/ |
| Address: | |
| | |
| Email Address: | |
| Home Phone: | Cell Phone: |
| Parent(s)/Guardian(s): | |
| Parent(s)/Guardian(s) address (if different): | |
| | |
| Parent's Military Command: | Rank: |
| Parent is a police officer: \Box yes \Box no | District: |
| Family member associated with: \Box I. | F.T.P.E. Local #1 US Army Corps of Engineers, Norfolk |
| Full Name: | |
| Relationship: | |
| Education Information: | |
| High School: | |
| Cumulative GPA: | |
| College Choices: | |
| 1st Choice: | |
| Tuition: \$/year \text{\tinit}}}}}}} \end{ent}}}}}}}}}}}}} | ccepted □Pending |

| 2nd Choice: | | | | | |
|---------------------|--------------------|-------------------|-----------------------------|--|--|
| Tuition: \$ | /year | □Accepted | □Pending | | |
| 3rd Choice: | | | | | |
| Tuition: \$ | /year | □Accepted | □Pending | | |
| What field of stu | dy are you consid | dering? | | | |
| Why are you con | sidering that fiel | d? | | | |
| | | | | | |
| | | | | | |
| Is this a five-year | program? 🗆 Y | es 🗆 No | | | |
| Financial Inform | ation: | | | | |
| Applicant's annu | al income: \$ | | Parent(s) annual income: \$ | | |
| Applicant's finan | cial assets (529 P | lans): \$ | | | |
| Number of childr | ren currently in c | ollege: | | | |
| Other financial c | onsiderations: | | | | |
| | | | | | |
| Please provide a | listing of schola | rships applied fo | r or awarded: | | |
| Scholarship: | | | | | |
| Amount Awarde | d: \$ | | Renewable: Yes No | | |
| Scholarship: | | | | | |
| Amount Awarde | d: \$ | | Renewable: ☐ Yes ☐ No | | |
| Scholarship: | | | | | |
| Amount Awarde | | | Renewable: Yes No | | |

Provide a supplemental list of all school activities in which you have participated (e.g. clubs, sports, student government, honor societies, band, etc.); include each year participated.

| I certify that the information I have provided in this application is accurate and is subject to | | | | | | | |
|--|-----------------------|-----------------|----------------|-------------|--------------|--|--|
| verification by the S | Southeast Virginia | Community I | Foundation's | Selection | Committee | | |
| representatives at its dis | scretion. I understan | nd that the Fou | ndation reserv | es the righ | t to provide | | |
| this application inform appropriate. | ation to additional | scholarship s | selection com | mittees if | determined | | |
| Applicant Signature: | | | | _ Date: _ | | | |