



Name of College/University in which the Applicant Expects to Enroll:

Address of College/University: City/County: VA: Zip Code:

Career Objective (Doctor, Engineer, Lawyer, Teacher, etc):

Extracurricular activities including honors and awards (Athletics, Work experience last summer part-time or after-school work experience):

Why do you desire to attend college?

Have you received other scholarships?

Scholarship:	Amount:
Scholarship:	Amount:

Date: Signature of Applicant:

The Virginia Department of Education does not discriminate on the basis of race, sex, color, national origin, religion, age, political affiliation, veteran status, or against otherwise qualified persons with disabilities in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following position has been designated to handle inquiries regarding the Department’s non-discrimination policies:

Deputy Superintendent – Finance and Operations  
 Virginia Department of Education  
 P.O. Box 2120  
 Richmond, Virginia 23218-2120  
 Phone: (804) 225-2025

For further information on Federal non-discrimination regulations, contact the Office for Civil Rights at [OCR.DC@ed.gov](mailto:OCR.DC@ed.gov) or call 1-800-421-3481.

You may also view [Governor Terry McAuliffe’s Executive Order 1 \(EO-1, 2014\)](#), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans.

**SECTION II**

*(To be completed by parent or guardian)*

Parents (If either or both parents are deceased, please indicate.):

**Parent Name:** Age:

Address:

City/County: State: Zip Code:

Occupation: Approximate Annual Income:

**Parent Name:** Age:

Address:

City/County: State: Zip Code:

Occupation: Approximate Annual Income:

**Guardian's Name:** Age:

Address:

City/County: State: Zip Code:

Occupation: Approximate Annual Income:

Number of family members other than yourself and applicant:

Ages:

Number in school: Number presently attending college:

Number who are self-supporting:

Amount parents or guardian can provide annually toward applicant's college expense:

Amount that may be available annually from other sources:

Other relatives: Amount:

Trust funds: Amount:

Applicant's savings: Amount:

Applicant's summer employment: Amount:

Any other:

Are there any unusual circumstances that curtail the family income or increase the family expenses? (Explain in detail)

Date:

Signature of Parent or Guardian:

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### **SECTION III**

Confidential letters of reference from at least three people not related to the applicant, including the applicant's high school principal (if applicable), shall be filed with this application. These letters should give specific information in regard to the applicant's character, personality, and ability. Particular reference must be made to the applicant's need and the family's financial ability.