Virginia Department of Education 2020 GRANVILLE P. MEADE **SCHOLARSHIP APPLICATION**

SECTION I: Applicant and School Information(To be completed by applicant)

rlease clearly print or type the following information:					
Last Name:	Fire	First:		Middle:	
Home Address:				Phone No.:	
City/County:	State:	Zip Code:			
Social Security No. (Last 4 digits only):					
Place of Birth (city and state): Date of Birth:			Birth:		
High School Now Attending (if applicable):					
School Address:			School	Phone No.:	
City/County:	State:	Zip Code:			
Name of School Division (if applicable):					
Name of Principal/Head of School (if applicable):					
Graduation Date:	Clas	s Rank: (if appli	cable):	No. in Class:	
SAT/ACT (score):		When Taken:			
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.):					

SECTION II: Student Essay (To be completed by applicant)

1.	Please list any extracurricular activities you are involved in or honors you have received during your high school career. Including but not limited to awards, athletics, club membership, community service or volunteer work, and/or work experiences:		
2.	Why do you desire to attend	college? (Please limit your response to 550 words or less).	
3.	Have you received other sch	olarships?	
	Scholarship:	Amount Awarded:	
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By signing below, I certify all information included in this application is truthful and accurate to the best of my knowledge.

Applicant's Signature, Date

SECTION III: Family Information (To be completed by parent or guardian)

If either or both parents are deceased, please indicate:

I	nformation of Pa	rent/Guardian com	pleting Section II, pages 6-7.	
Parent/Guardia	n Name:	Age	:	
Address:				
City/County:	State:	Zip Code:		
Occupation:	Approxim	Approximate Annual Income:		
Parent/Guardiar	n Name:		Age:	
Address:				
City/County:	State:	Zip Code:		
Occupation:	Approxima	Approximate Annual Income:		
Parent/Guardian	Name:		Age:	
Address:				
City/County:	State:	Zip Code:		
Occupation:	Approxima	te Annual Income:		
Parent/Guardian	Name:		Age:	
Address:				
City/County:	State:	Zip Code:		
Occupation:	Approximat	e Annual Income:		
Number of family	members (other	than any adults ide	entified above and the applicant):	
Ages:		Number presently attending college:		
Number who a	are self-supportin			

SECTION IV: Financial Information

(To be completed by parent or guardian)

Estimated amount parents or guardians 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: Amount:			
Are there any unusual circumstances that curtail the family income or increase the family expenses? (<i>Please explain in detail</i>).			
By signing below, I certify all information included in this application is truthful and accurate to the best of my knowledge.			
Parent/Guardian's Signature, Date			

SECTION V- Attachments

In addition to the information in sections I and IV, submitted applications **must** contain the following documents:

Three confidential reference letters from individuals not related to the applicant including the applicant's high school principal or head of school (if applicable). These letters should give specific information in regards to:

- The applicant's character, personality, and ability,
- Particular reference must be made to the applicant's need and the family's financial ability, and
- Contact information for the author of the letter.

	An	official	high	school	transcript
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Standardized test record

*Home-schooled students: For sections not applicable, insert "N/A."

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 or call 1-800-421-3481.

You may also view <u>Governor Terry McAuliffe's Executive Order 1 (EO-1, 2014)</u>, 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.

Application procedure overview:



Granville P. Meade Scholarship Application Procedure

PUBLIC SCHOOL STUDENT



Student submits application to high school administrator by March 13, 2020. Administrators submit all applications received to division superintendent by March 27, 2020. Division superintendent will select the five most qualified high school seniors in their division and forward these five applications to the chairperson of his/her regional study group screening committee by April 10,2020.

Each chairperson will submit the five most qualified applications to the Virginia Department of Education by April 24,2020.

PRIVATE SCHOOL

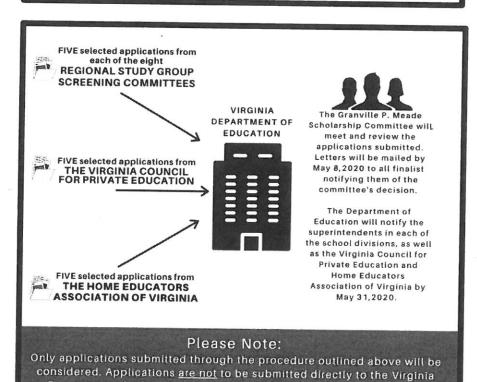


Student submits application to their high school administrator or head of school by March 13, 2020. Administrators submit all applications received to the Virginia Council for Private Education by March 27,2020. The Virginia Council for Private Education will submit their five most qualified applications to the Virginia Department of Education by April 24, 2020.

HOME SCHOOL



Student submits application to the Virginia Home Educators Association of Virginia by March 27, 2020. The Home Educators Association of Virginia will submit their five most qualified applications to the Virginia Department of Education by April 24, 2020.



Department of Education by students, parents, school counselors or principals.

Public School Application Contact

Application questions can be directed to Sarah Bazemore, School Counseling Specialist at the Virginia Department of Education (VDOE) by telephone, at 804-225-4024, or by email at Sarah.Bazemore@doe.virginia.gov.

Homeschool Application Contact

Homeschool application questions can be directed to the VDOE (see contact information above) or to the Homeschool Educator's Association designated chair Ms. Yvonne Bunn, by telephone at 804-278-9200, or by email at support@heav.org.

Homeschool applications are to mail their applications to the following address:

Homeschool Educator's Association of Virginia Attn: Granville P. Meade Scholarship Chair 2100 W. Laburnum Avenue Suite 108-A Richmond, Virginia 23227

Private School Application Contact

Private school application questions can be directed to the VDOE (see contact information above) or to the Virginia Council for Private Education's designated chair, Ms. Grace Turner Creasey, by telephone at 804-423-6435, or by email at gpmeade@vcpe.org.

Private school administrators or heads of school are to mail their applications to the following address:

Virginia Council for Private Education Attn: Granville P. Meade Scholarship Chair P.O. Box 29255 Richmond, Virginia 23242