

**VIRGINIA DEPARTMENT OF EDUCATION
GRANVILLE P. MEADE SCHOLARSHIP APPLICATION**

SECTION I

(To be completed by applicant)

Please Print

Name _____
Last First Middle

Home Address _____ () _____
Number and Street Phone

City/County State Zip Code Social Security No.

Place of Birth _____ Date of Birth _____
City/State

High School Now Attending _____

School Address _____
Number and Street Phone

City/County State Zip Code

Graduation Date _____ Class Rank _____ No. in Class _____

SAT/ACT _____ When Taken _____
Score

NOTE: An official transcript of your high school work and standardized record MUST accompany this application. Students must enroll in one of Virginia's public or private colleges or universities.

Expect to enroll in _____
College/University

Address of College/University

City State Zip Code

Career Objective _____
(teacher, doctor, lawyer, engineer, etc.)

Extracurricular activities including honors and awards _____

Athletics _____

Work experience last summer _____

What part-time or after-school work have you done?

Why do you desire to attend college?

Have you received other scholarships?

Scholarship _____ Amount \$ _____

Scholarship _____ Amount \$ _____

Date

Signature of Applicant

SECTION II

(To be completed by parent or guardian)

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

Father's Name _____ Age _____

Address _____

Number and Street

City/County

State

Zip Code

Occupation _____ Approx. Annual Income \$ _____

Mother's Name _____ Age _____

Address _____

Number and Street

City/County

State

Zip Code

Occupation _____ Approx. Annual Income \$ _____

Guardian's Name _____ Age _____

Address _____

Number and Street

Occupation _____ Approx. Annual Income \$ _____

Number of family members other than yourself and applicant

Ages _____

No. in school _____ No. presently attending college _____

No. who are self-supporting _____

Amount parents or guardians can provide annually toward applicant's college expenses
\$ _____

Amount that may be available annually from other sources

Other relatives	\$ _____
Trust funds	\$ _____
Applicant's savings	\$ _____
Applicant's summer employment	\$ _____
Any other	\$ _____

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

Explain why the applicant cannot finance his/her college education without the assistance offered by the Granville P. Meade Scholarship.

Date

Signature of Parent or Guardian

SECTION III

Confidential letters of reference from at least four people not related to the applicant, including the applicant's high school principal, 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.

**GRANVILLE P. MEADE SCHOLARSHIP
COMMITTEE EVALUATION FORM**

Name of Nominee _____ High School _____

School Division _____ Rating Scale 4 – Highest
3
2
1
0 – Lowest

(Each part is worth four points)

Part I Requested Information

- A. Signature of applicant and parent or guardian provided Yes___ No___
 - B. Accepted at a college/university or have applied Yes___ No___
 - C. Transcript of high school grades and copy of Standardized Measured Scores included Yes___ No___
 - D. Reason for wanting to attend college Yes___ No___
- Score_____

Part II Four Letters of Recommendation Yes___ No___
Score_____

Part III Standardized Measured Scores

(99-95)	(94-88)	(87-80)	(79-70)	(Below 70)	
4	3	2	1	0	Score_____

Part IV Grade Point Average

(4.0+)	(3.9-3.7)	(3.6-3.3)	(3.2-3.0)	(Below 3.0)	
4	3	2	1	0	Score_____

Part V High School Activities, Awards and Interests

- A. Participated in school activities and organizations Yes___ No___
 - B. Prizes, awards, honors, elected offices, etc. Yes___ No___
 - C. Community activities and work experience Yes___ No___
 - D. Athletics Yes___ No___
- Score_____

TOTAL SCORE _____