

**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.**

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

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Athletics

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Work experience last summer

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

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Why do you desire to attend college?

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Have you received other scholarships?

Scholarship \_\_\_\_\_ Amount \$ \_\_\_\_\_

Scholarship \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Date

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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

\_\_\_\_\_  
City/County State Zip Code

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 guardian 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)

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

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Date

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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.