

**THE ROBERT C. BYRD HONORS SCHOLARSHIP PROGRAM**

**INSTRUCTIONS FOR SELECTING APPLICANTS  
FOR THE 2004 AWARD COMPETITION**

(FOR USE BY HIGH SCHOOL OFFICIALS, STUDENTS,  
AND PARENTS/GUARDIANS)

General

The Robert C. Byrd Honors Scholarship Program is designed for graduating high school seniors who have demonstrated outstanding academic achievement. It is a program that promotes student excellence and achievement and recognizes exceptionally able students who show promise of continued excellence. Eligible students are those who will graduate from a public or private secondary school by July 2004, or who have the equivalent of a certificate of graduation as recognized by the Department of Education. The scholarships, at \$1,500 each, will be awarded for a period of not less than one or more than four years during the first four years of study at an eligible institution of higher education.

In order to be considered for a scholarship under the program, a student must have applied or been accepted for enrollment at a public or private institution of higher education. A student awarded a scholarship may attend any public or private institution of higher education in the United States.

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED BY THE SELECTION COMMITTEE. A COMPLETE APPLICATION CONSISTS OF THE COMPLETED APPLICATION FORM, A COPY OF THE STUDENT'S TRANSCRIPT, AND THREE LETTERS OF RECOMMENDATION.**

**THE ROBERT C. BYRD HONORS SCHOLARSHIP PROGRAM  
AWARD SELECTION CRITERIA AND PROCESS**

All awards shall be based on the following:

- an evaluation of the high school transcript and standardized test results;
- an evaluation of the applicant's personal achievements, including, but not limited to, honors, work experiences, and extracurricular activities; and
- school officials' written evaluations.

Award finalists will be selected by a statewide committee of public and private school officials, parents, and others as may be indicated to assure a cross-section representation.

Plans are to notify all finalists of the selection by their date of graduation. However, the scholarships are funded with federal funds, and the state must receive its grant award before we can notify the recipients of the scholarship. Therefore, there is a possibility that students may be notified after graduation rather than before.

**NOTE: A student who plans to attend a U. S. Military Academy is INELIGIBLE to receive a Robert C. Byrd Honors Scholarship.**

Applications must be received by **April 1, 2004**. They are to be returned to:

Sylinda Gilchrist  
School Counseling Specialist  
Virginia Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120

If you or your staff have any questions about the program or need assistance, please contact Sylinda Gilchrist (sgilchri@mail.vak12ed.edu) at (804) 786-9377.

Thank you for your assistance.

## Nomination Procedures

The maximum number of nominations a school division or a private school may submit shall be based on its grade 12 fall membership, ("Fall Membership in Virginia's Public and Private Schools," 2001-2002). **Public schools will submit their applications to their central office to be forwarded to the Virginia Department of Education so that the total number of applications submitted will reflect the grade 12 fall membership for the division. The central office will submit the completed application(s) to the Department of Education. Any part or parts of the application submitted separately (including letters of recommendation) will cause the application(s) to be rejected. Each school should keep a copy of the application(s) sent from the school.**

The following table is to be utilized for determining the number of possible nominations per school division:

<u>Fall Membership Grade 12</u>	<u>Potential Applicants</u>	<u>Fall Membership Grade 12</u>	<u>Potential Applicants</u>
1 – 400	1	6,401 – 6,800	17
401 – 800	2	6,801 – 7,200	18
801 – 1,200	3	7,201 – 7,600	19
1,201 – 1,600	4	7,601 – 8,000	20
1,601 – 2,000	5	8,001 – 8,400	21
2,001 – 2,400	6	8,401 – 8,800	22
2,401 – 2,800	7	8,801 – 9,200	23
2,801 – 3,200	8	9,201 – 9,600	24
3,201 – 3,600	9	9,601 – 10,000	25
3,601 – 4,000	10	10,001 – 10,400	26
4,001 – 4,400	11	10,401 – 10,800	27
4,401 – 4,800	12	10,801 – 11,200	28
4,801 – 5,200	13	11,201 – 11,600	29
5,201 – 5,600	14	11,601 – 12,000	30
5,601 – 6,000	15	12,001 +	31
6,001 – 6,400	16		

**The Department of Education will adhere to this allocation table when determining the maximum number of applicants for the school division. All students, including students with special needs, are to be given equitable access to the Robert C. Byrd Honors Scholarship Funds.**

## Application Form

The application form consists of seven parts. Parts I, II, III, IV, and V are to be completed by the student and/or parent (guardian). Part VI is to be completed by a school official (e.g., guidance counselor). In Part VII, the school principal is requested to sign the completed application, certifying to the best of his/her knowledge, the accuracy of the information provided in the application.

**Robert C. Byrd Honors Scholarship Program  
Application Form**

**(APPLICATIONS MUST BE RECEIVED BY April 1, 2004)**

**PART I**

Name of Student \_\_\_\_\_  
Last, First (Legal), Middle Name

Home Address \_\_\_\_\_  
Street Name and Number  
\_\_\_\_\_  
City, State, Zip Code

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Male  Female Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Are you a United States citizen, or national, or a permanent resident of the U.S.?  
 Yes  No

Parent/Guardian Section (To be completed by parent or guardian.)

A. Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

B. Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name of High School \_\_\_\_\_

Address of High School \_\_\_\_\_  
\_\_\_\_\_

Name of School Division \_\_\_\_\_

Name of School Principal/Headmaster \_\_\_\_\_

**PART II**

COLLEGES OR UNIVERSITIES APPLIED TO FOR ADMISSION:

College/University

City/State

_____	_____
-	
_____	_____
-	
_____	_____
-	

Have you been accepted?  Yes  No

Which college(s)/university(ies)? \_\_\_\_\_

**PART III - Certification of Eligibility for Federal Assistance (ATTACHMENT B)**

INCLUDE THIS SIGNED FORM WITH YOUR APPLICATION. THIS FORM IS ATTACHMENT B TO THE SUPERINTENDENT'S MEMORANDUM.

(Student is to complete the information at the bottom of the form.)

**PART IV**

A. Include three written evaluations of your academic performance and potential by three school officials:  
(Enter names and titles)

1.	_____	_____
	(Name)	(Title)
2.	_____	_____
	(Name)	(Title)
3.	_____	_____
	(Name)	(Title)

B. Include an official transcript of your high school grades and a copy of your standardized test scores. The transcript must include an original signature of the school principal or guidance counselor. No faxed applications will be accepted.

**PART V**

**SUMMARIZE YOUR HIGH SCHOOL ACTIVITIES, AWARDS, AND INTERESTS.** In the space allotted below, list your activities and achievements. Also, please specify how many hours a month you usually spend doing this activity. Limit your answer to only those activities during your high school years.

	<u>ACTIVITIES</u>	<u>HOURS PER MONTH</u>
School activities and organizations in which you have been a frequent participant. Specify any offices held.	_____	_____
	_____	_____
	_____	_____
	_____	_____
Prizes, honors, offices of special recognition you have received, such as National Honor Society, foreign language, creative writing, science, music, team captain, etc.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Community activities in which you have been involved, such as scouts, volunteer work, religious youth groups, peer tutoring, etc.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Creative work, hobbies or special training such as music, dance, drama or foreign language, which you have pursued to the point of some mastery.	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Paid work or jobs you have held. Specify the	_____	_____
	_____	_____

type of work you did  
and the length of time  
employed.

---

---

---

Athletic teams you were  
or are a member of and  
years of participation.

---

---

---

**PART VI**

**CERTIFICATION OF GRADE POINT AVERAGE**

To be completed by a School Official

I certify that \_\_\_\_\_ has

\_\_\_\_\_  
Name of Applicant

the following cumulative grade point average of \_\_\_\_\_ on a \_\_\_\_\_  
grading scale in his/her subject areas and that the applicant is likely to complete all requirements for a  
high school diploma by July 2004. The applicant ranks in the  
 top 2%,  top 4%,  top 6%,  top 8% or  top 10% in a class of \_\_\_\_\_ students.

Please include an official transcript of the applicant's high school grades and a copy of his/her standardized  
test scores. The transcript must include an original signature of the school principal or guidance counselor.  
No faxed applications will be accepted.

\_\_\_\_\_  
Name of School Official (Signature)

\_\_\_\_\_  
Title

**PART VII**

**School Principal Section**

I concur in the nomination of \_\_\_\_\_ as an applicant to the Robert  
C. Byrd Honors Scholarship Program.

\_\_\_\_\_  
School Principal (Signature)

\_\_\_\_\_  
Date

Please return application forms by **April 1, 2004**, to:

Sylinda Gilchrist  
School Counseling Specialist  
Virginia Department of Education  
P. O. Box 2120  
Richmond, Virginia 23218-2120  
Telephone: (804) 786-9377  
E-mail: [sgilchri@mail.vak12ed.edu](mailto:sgilchri@mail.vak12ed.edu)

