

2019 SCHOLARSHIP APPLICATION

SCHOLARSHIPS SHALL BE AWARDED TO SONS AND DAUGHTERS OF ASSOCIATION MEMBERS WHO HAVE RESIDED IN THE COMMONWEALTH OF VIRGINIA AND HAVE BELONGED TO THE ACTIVE MEMBERSHIP OF THE ASSOCIATION FOR NOT LESS THAN 2 YEARS PRIOR TO THE JUNE 2019 MEETING. IF YOU ARE ELIGIBLE, PLEASE FILL OUT THIS APPLICATION.

NAME OF PARENT: _____

NAME AND ADDRESS OF APPLICANT: _____

APPLICANT'S DATE OF BIRTH: _____

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY SELECTED AND THE UNDERGRADUATE DEGREE PROGRAM:

***** PLEASE ATTACH THE FOLLOWING TO THIS APPLICATION: *****

1. A PERSONAL LETTER FROM THE APPLICANT EXPLAINING WHY THE APPLICANT SHOULD BE SELECTED

2. TWO LETTERS OF RECOMMENDATION FROM FACULTY MEMBERS OF THE COLLEGE OR SCHOOL WHICH THE APPLICANT HAS MOST RECENTLY ATTENDED

3. A COPY OF OFFICIAL COLLEGE AND HIGH SCHOOL TRANSCRIPTS. (IF YOU ARE ALREADY IN COLLEGE WE STILL NEED YOUR HIGH SCHOOL TRANSCRIPT.)

PLEASE DELIVER THIS COMPLETED APPLICATION AND THE ATTACHMENTS TO Danny Osterbind BY MARCH 27, 2019.

Danny Osterbind 804-290-1464