

Community Foundation for Loudoun and Northern Fauquier Counties

Return Application by March 28, 2023 via email to scholarships@communityfoundationlf.org. Applications must be on time to be considered. Please put SCHOLARSHIP in the subject area.

Scholarship Guidelines

The Community Foundation for Loudoun and Northern Fauquier Counties administers many different scholarship funds for the benefit of residents pursuing education in a post-secondary setting.

Each scholarship fund has its own selection criteria to evaluate and determine scholarship awards.

Candidates complete this application for each scholarship sought. The Community Foundation uses the same application for all scholarship funds. Please refer to the Community Foundation's current list of scholarship funds for specific selection criteria. Scholarships are paid directly to a student's educational institution on their behalf.

Student Criteria and Information

1. The student must have applied to one or more accredited post-secondary institutions or must be currently enrolled in a college or university at the time of application.
2. The student must submit the following as part of the completed application package:
 - This completed application form.
 - One sealed recommendation from an academic source or separate email sent to scholarships@communityfoundationlf.org.
 - If required, a copy of completed financial aid form or FAFSA as required by colleges and universities, OR copy of IRS Form 1040.
 - If required, a copy of an official authorized high school or college transcript. A GED

certificate may be substituted in some situations.

- Copies of letter(s) from colleges, universities, vocational schools accepting a student for enrollment or letters acknowledging receipt of an application.
 - Specific essays or unique requirements of a fund (some require an essay).
3. The Community Foundation has the right to request any additional materials from the student.
 4. Personal interviews may be scheduled with final candidates.
 5. The Community Foundation has the right to make awards under other grant programs administered by the Community Foundation.
 6. For those scholarships that are renewable, a renewal application must be submitted each year.
 7. The Community Foundation **reserves the right to reconsider scholarship awards if significant or additional scholarships are received by an applicant.**

Timeline

1. Completed application packages must be emailed by 5:00 PM March 28 to the Community Foundation; applications may be mailed with same postal date or hand delivered on the same date.
2. Applicants will be advised of the status of their request no later than June 1st.
3. Scholarship awards will be mailed after August 15th directly to the school or institution.

Application Checklist

- ☐ This completed application form.
- ☐ One separately mailed letter of recommendation or emailed recommendation.
- ☐ Official school transcripts.
- ☐ Letters acknowledging enrollment/acceptance.
- ☐ Special essays, FAFSA/ IRS Form 1040 or other unique fund requirements. **Please see the current listing for unique requirements.**

714 East Market Street ~ Leesburg, VA 20176 ~ (703) 779-3505 ~ scholarships@CommunityFoundationLF.org

NOTE: Please type or print *neatly*.

Date: _____

Below, check one (1) Scholarship Fund for which you are applying. **Complete this three-page form for EACH scholarship for which you apply.** Only apply for scholarships for which you qualify. Please refer to the current *Scholarship List* for the **criteria** associated with each Fund.

- ☐ Gavin Rupp “I Promise” (F/P)
- ☐ Val and Bill Tillett Scholarship (R)
- ☐ Quinn William Gorman Scholarship (F)
- ☐ Debbie Settle Scholarship (F)
- ☐ Blair & Mike Pirrello Vocational Scholarship (F/A)
- ☐ Mary B. Tett Health Professionals Scholarship (F/R/P/C)

Key to codes above:

(F)First year applicant (R)Second-plus year applicant (P)Post-Graduate (A)Apprenticeship (C)CEs/Certificate

Section II — Personal Information

- ☐ (F)First year applicant ☐ (R)Second-plus year applicant ☐ (P)Post-Graduate ☐ (A)Apprenticeship ☐ (C)CEs/Certificate
(Check all that apply)

Name: _____

Permanent Address: _____

Street or P.O. Box	City	ZIP Code	County

Telephone: (Evenings) _____ (Day) _____

Email: _____ Date of Birth: _____

Identify as (*check all that apply*): ☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Other

Name of Parent(s) or Guardian(s) [if under 21]: _____

Parent's Home Address:

Telephone: (Evenings) _____ (Day) _____

If you are already in your school program and living away from home, provide the name of the institution and *your* contact information while there:

School: _____ Address: _____

Telephone: _____ Email: _____

If required, attach a copy of your high school, post-secondary, or current education grades transcript. Please see scholarship listing guidelines.

Class you will enter in the next enrollment:

- ☐ Freshman/First Year Associate's Degree ☐ Sophomore/Year Two Associate's Degree ☐ Junior ☐ Senior
☐ Other (apprenticeship; continuing education course *etc.*)

Name of the high schools, preparatory schools, training programs, colleges and universities you have attended or are attending and the dates of enrollment. List most recent first.

SCHOOL	ENROLLMENT DATES	FIELD OF STUDY	CUMULATIVE GPA
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Name of academic counselor: _____ Counselor Email: _____

What is your current/intended major or field of study? _____

Briefly describe your current career interest: _____

List any honors or advanced placement courses or trainings: _____

If required, include ALL SAT/ACT scores. Please see scholarship listing guidelines.

SAT Scores: Reading _____ Math _____ Writing _____ Combined _____

ACT Scores: English _____ Math _____ Reading _____ Science Reasoning _____ Composite _____

LSAT: Combined _____ GMAT: Combined _____

List the college, university, training program, trade school, or post-graduate schools to which you have applied or currently attending:

SCHOOL OR PROGRAM

ACCEPTANCE KNOWN?

1st Choice _____ ☐ Yes ☐ No

2nd Choice _____ ☐ Yes ☐ No

If accepted, include copies of letters from these schools acknowledging receipt of your application or offering you enrollment

Which are you most likely to attend? _____

List the dates (month/year) you expect to begin and complete your degree, certification, or apprenticeship program:

Enter: _____ Graduate: _____

List the name of your reference via separate letter or email:

Name

Relationship

1. _____

Section IV —Financial Information

If required, attach a copy of IRS Form 1040 or FAFSA. Please see scholarship listing guidelines.

Family Annual Income \$ _____ Estimated Family Contribution to education: \$ _____

List income of all at-home family members: _____

Total number in household: _____ Total number of children attending college during the upcoming year: _____

Explain any unique financial circumstances in your family: _____

Briefly describe your personal and family strategy for paying for continuing education:

List other scholarships for which you have applied or received:

Section V — Volunteerism, Extra Curricular and/or Community Activities

List all volunteer work and associated nonprofit, significant extra-curricular activities, offices held, honors and awards, both school and community. You may attach a resume.

Section VI — Employment (Start with most recent position held)

Date: From/To	Company/Nonprofit	Position
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Checklist:

- ☐ This completed application form for **each** scholarship for which you are applying. This is important as we have different committees for varied scholarships.
- ☐ One letter of recommendation or one emailed letter of recommendation to scholarships@communityfoundationlf.org with YOUR NAME in the subject area, unless otherwise specified in fund criteria.
- ☐ If required, one official school transcript or email receipt direct from your school counselor to scholarships@communityfoundationlf.org with YOUR NAME in the subject area.
- ☐ One letter acknowledging enrollment or acceptance from one or more school, college, or university.
- ☐ If required, one completed copy of your FAFSA, or, a copy of your IRS Form 1040.
- ☐ Any special requirements of a specific scholarship fund, such as an essay.

I certify that all information contained within this application is correct and true to the best of my knowledge.

Signature _____ Date _____