

Application for

# The William J. Foreman Memorial Scholarship

of

The Community Foundation for Northern Virginia



Applicant: \_\_\_\_\_

High School: \_\_\_\_\_

# The William J. Foreman Memorial Scholarship

Celebrating the 15<sup>th</sup> Anniversary of this Program

## Application for Scholarship

The William J. Foreman Memorial Scholarship is open to graduating high school seniors from Fairfax County Public Schools, who demonstrate academic achievement and potential; an ability to overcome significant adversity; and a financial need. Priority will be given to those who have experienced homelessness, foster care, or a lack of substantial family support during their high school career.

A non-renewable scholarship amount between \$1500.00 and \$2000.00 will be awarded for tuition and related expenses under the following regulations:

1. Applicants for the ***William J. Foreman Memorial Scholarship*** must have experienced significant adversity which they overcame. (Priority will be given to those who have experienced homelessness, been in foster care, or a lack of substantial family support during their high school career.)
2. Applicants must demonstrate the following criteria:
  - Academic achievement and potential
  - Financial need
  - Positive attendance record
  - School involvement
  - Life experiences (overcome significant adversity)
  - Leadership or mentoring skills
  - Positive attitude
3. Students must complete all graduation requirements to be considered for the ***William J. Foreman Memorial Scholarship***. If graduation requirements are not completed by graduation day, the scholarship will be awarded to another student.
4. **The following items must be submitted to your Career Center Specialist by month, day, year**
  - a. **Completed and signed application parts A – E:**
    - Part A: Applicant Information
    - Part B: Student Essay (about 350 words)
    - Part C: Optional Scholarship Information
    - Part D: Teacher Recommendation Form and Letter
    - Part E: Counselor Recommendation Form and Letter
  - b. **Transcript**
  - c. **Attendance Record**
  - d. **Student Aid Report (SAR) from FAFSA.**
  - e. **Additional Information:** One additional letter of recommendation will be accepted if you have a non-family member who would like to write one.
  - f. **Digital signatures** or email from the teacher or counselor will suffice this requirement.
5. Scholarship recipients are expected to attend an award presentation on **Thursday, May 6, 2021**, at a time and location to be determined. Meeting with the scholarship sponsors is of great importance to the Foreman family. If a recipient is unable to attend the presentation, prior notification should be given to Susie Statham at 571.423.4429 or email [sstatham@fcps.edu](mailto:ssatham@fcps.edu) to make the necessary arrangements for other options.

For more information or questions, call Susie Statham at 571.423.4429 or email [ssatham@fcps.edu](mailto:ssatham@fcps.edu).

This scholarship is funded by the ***William J. Foreman Memorial Scholarship Program***, administered through **The Community Foundation for Northern Virginia**.

**INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.**

APPLICANT INFORMATION

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

Current Address \_\_\_\_\_

Applicant Telephone \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender: M F Graduation: Month\Year \_\_\_\_\_

Parent or Guardian Name, if applicable \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person (if parent/guardian is not available) \_\_\_\_\_ Phone \_\_\_\_\_

Please list any activities, honors, clubs, and service organizations you have participated in during your high school years: (Use the back of this page if more space is needed.)

- 1) \_\_\_\_\_
2) \_\_\_\_\_
3) \_\_\_\_\_
4) \_\_\_\_\_
5) \_\_\_\_\_
6) \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ College you plan to attend \_\_\_\_\_

Have you been accepted to attend this college? \_\_\_\_\_

Media Release: I certify that if I am selected as a scholarship recipient, I acknowledge and agree that my name, high school, the college I plan to attend, and image may be used in media, explicitly for purposes of promoting The William J. Foreman Memorial Scholarship of The Community Foundation for Northern Virginia. Please check the appropriate box (checking either box does not increase or decrease your chances of being selected):

[ ] I agree. [ ] I request my information not be used.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**OPTIONAL SCHOLARSHIP INFORMATION**

**Optional: Use this space to write any additional information you want the Scholarship Selection Committee to know. You may include information to help the Committee better understand your financial situation.**

**Applicant Name:** \_\_\_\_\_  
(Please print)

**Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **High School:** \_\_\_\_\_

# TEACHER RECOMMENDATION FORM

**NOTE: PLEASE COMPLETE EACH BLANK SPACE ON THIS FORM**

Teacher's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Please return by: \_\_\_\_\_

The above student is applying for the *William J. Foreman Memorial Scholarship*. As part of the application process, the student must submit this recommendation form and a letter of recommendation from their teacher. Upon completion, please return this form and your letter of recommendation to the student, in a sealed envelope, by the above date.

**Using the following rating scale**, please evaluate the applicant in the characteristics and skills listed below.

**5 = High      4 = Above Average      3 = Average (requires comment)      2 = Marginal      1 = Low**

\_\_\_\_\_ **Dependability (due dates, assignments)**

\_\_\_\_\_ **Cooperation (works effectively with others)**

\_\_\_\_\_ **Flexibility (reacts to new and unanticipated situations)**

\_\_\_\_\_ **Initiative (ability to work without constant supervision)**

\_\_\_\_\_ **Maturity (seriousness in approach to studies, assignments)**

\_\_\_\_\_ **Communication skills (oral, written, active listening)**

\_\_\_\_\_ **Interpersonal skills (relates well to all kinds of people)**

\_\_\_\_\_ **Leadership or mentoring skills**

\_\_\_\_\_ **Academic potential**

\_\_\_\_\_ **Potential as a college student**

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_

Teacher Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Required: Teacher please attach your letter of recommendation.**

**COUNSELOR RECOMMENDATION FORM**

**NOTE: PLEASE COMPLETE EACH BLANK SPACE ON THIS FORM**

Counselor's Name: \_\_\_\_\_

High School: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Please return by: \_\_\_\_\_

The above student is applying for the *William J. Foreman Memorial Scholarship*. As part of the application process, the student must submit this recommendation form and a letter of recommendation from their counselor. Upon completion, please return this form and your letter of recommendation to the student, in a sealed envelope, by the above date.

**Using the following rating scale**, please evaluate the applicant in the characteristics listed below. Your responses are confidential.

**5 = High      4 = Above Average      3 = Average (requires comment)      2 = Marginal      1 = Low**

\_\_\_\_\_ **Dependability (due dates, assignments)**

\_\_\_\_\_ **Cooperation (works effectively with others)**

\_\_\_\_\_ **Flexibility (reacts to new and unanticipated situations)**

\_\_\_\_\_ **Initiative (ability to work without constant supervision)**

\_\_\_\_\_ **Maturity (seriousness in approach to studies, assignments)**

\_\_\_\_\_ **Communication skills (oral, written, active listening)**

\_\_\_\_\_ **Interpersonal skills (relates well to all kinds of people)**

\_\_\_\_\_ **Academic potential**

\_\_\_\_\_ **Potential as a college student**

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Required:**  
**Counselor please attach a transcript, attendance record, and your letter of recommendation.**