 **The Roanoke Chapter of the Girl Friends, Inc.**

 **Mrs. Carolyn Patterson, President**

January 7, 2019

Dear Scholarship Candidate:

The Roanoke Chapter of the Girl Friends, Inc. is pleased to announce its annual scholarship opportunity.

The chapter is seeking high-achieving, African American students who plan to attend an accredited four year institution and need assistance with the cost of tuition and/or fees in their pursuit of higher education. Our Chapter believes that education is the key to success in life and we want to make a difference in the lives of the students in the Roanoke Valley. This year we are awarding a **$1000.00** scholarship to the student who best fits our criteria.

Please submit to the address below. Scholarship applications and supporting documents must be postmarked by **February 12, 2019**

Applicants must meet the criteria as indicated on the attached application.

(***Please note: Any application received without these items will not be considered.***

The application and relevant documents are enclosed. **Please see the attached sheet for details on how applications are scored.**

Thank you for your interest.

Sincerely yours,

Patricia Henry

Thelma T. Haynesworth

Scholarship Chair Thelma T. Haynesworth

  **The Roanoke Chapter of the Girl Friends, Inc.**

 **Mrs. Carolyn Patterson, President**

**SCHOLARSHIP APPLICATION**

*Confidential Document* **Deadline Date: February 12, 2019**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PRINT OR TYPE IN THE INFORMATION REQUIRED**

Applicant Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant's Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GPA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extracurricular activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College you plan to attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community/Church Activities\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Note: All submitted material becomes the property of the Roanoke Chapter of The Girl Friends, Inc. and will not be returned.***

 **SCHOLARSHIP APPLICATION**

**ELIGIBILITY REQUIREMENTS:**

*Scholarship applicants must meet the following:*

* Be a citizen of the United States
* Be a graduating high school senior about to enter a four (4) year accredited institution
* Have a minimum grade point average of 2.5

**ALL APPLICATIONS MUST BE POSTMARKED BY February 12, 2019**

**PLEASE ATTACH THE FOLLOWING:**

1.A 4 x 6 color photo of yourself (head shot only)

2. A biographical essay describing your school activities, community involvement, hobbies,

 future goals, honors and awards, and a statement indicating why you should receive the

 scholarship (A resume’ will not substitute for an essay.)

3. Two letters of recommendation. The letters must be returned in sealed envelopes with the completed application. (Recommendations from relatives will not be accepted)

4. Complete Confidential Financial Information form.

5. Copy of official high school transcript with GPA

6. Completed scholarship application

**(*Please note: Any application received without these items will not be considered.)***

**All applications will be scored based on the criteria listed below:**

**GPA: 0 – 4 points**

**Academics (strength of curriculum): 1 -- 2 points**

**Extracurricular and/or community activities: 0 – 4 points**

**Honors/Awards: 0 – 3 points**

**Work Activities: 0 – 2 points**

**Recommendations: 0 – 3 points**

**Essay: 0 – 3 points**

**Extenuating financial factors: 0 – 4 points**

 **(Number of dependents, number in college,**

 **foster care, loss of family employment, excess**

 **medical expenses, etc.)**

**Send completed application and all supporting documents to:**

 **Thelma T. Haynesworth**

**The Roanoke Chapter of the Girl Friends, Inc.**

**6510 Fairway Forest Dr**

**Roanoke, VA 24018**

**CONFIDENTIAL FINANCIAL INFORMATION**

In order to distribute the award in the most equitable manner, the applicant’s need for financial aid must be carefully evaluated. If you are independent (emancipated) from your parents, please give your own income. Please note that all spaces must be marked. If they are not applicable, mark them as such. Feel free to present further details on a separate sheet of paper.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Occupation | Living inthe Home? |
| Self |  |  |  |
| Father |  |  |  |
| Mother |  |  |  |
| Guardian |  |  |  |

Total Annual Gross Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the number of persons dependent upon the above income. Include parents, dependent children and others as reported on income tax return.

Name Age Name Age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Number of persons listed above who are currently receiving training beyond high school\_\_\_\_\_\_\_\_

How are these students being financed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide extenuating circumstances not given above that further shows your need for financial assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­
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***Local Girl Friends $1000 Scholarship Evaluation Form***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Applicant Name*** |  |  |  |  |  |
| ***G.P.A. (0 – 4 points******Greater than 4.0 = 4pts.******3.6 – 4.0 =3 pts.******3.0 – 3.5 = 2 pts******2.7 – 2.9 = 1 pt***  |  |  |  |  |  |
|  |  |  |  |  |
| ***ACADEMICS ( 1 – 2 Points)******Accelerated and/or college courses = 2 pts******College Prep courses = 1 pt*** |  |  |  |  |  |
|  |  |  |  |  |
| ***EXTRACURRICULAR AND/OR COMMUNITY ACTIVITIES (0 – 4 points)******Extreme involvement = 4 pts*** ***Strong involvement = 3 pts***  ***Average involvement = 2 pts***  ***Little involvement = 1 pt.******No involvement = 0*** |  |  |  |  |  |
|  |  |  |  |  |
| ***HONORS & AWARDS ( 0 – 3 Points)******Much recognition = 3 pts .******Average recognition = 2 pts*** ***Little recognition = 1 pt***  ***No recognition = 0*** |  |  |  |  |  |
|  |  |  |  |  |
| ***WORK ACTIVITIES ( 0 – 2 POINTS)******Extraordinary work history = 2 pts******Good work history = 1 pt******Little or no work history = 0*** |  |  |  |  |  |
|  |  |  |  |  |
| ***RECOMMENDATIONS ( 0 – 3 Points)******Outstanding = 3 pts******Strong = 2 pts***  ***Average = 1 pt******No recommendations = 0*** |  |  |  |  |  |
|  |  |  |  |  |
| ***EXTENUATING financial factors (0 – 4 Points)******Does the applicant report any extenuating factors such as # of dependents, # of dependents/parents currently in college, foster child situations, medical conditions/expenses, eldercare issues, loss of employment, etc.******Extreme circumstances = 4 pts******Serious circumstances = 3 pts***  ***Moderate circumstances = 2 pts***  ***Minimum circumstances = 1 pt******No circumstances =0***  |  |  |  |  |  |
|  |  |  |  |  |
| ***ESSAY ( 0 – 3 Points)******Well written, compelling = 3 points*** ***Average = 2 pts******Poorly written = 1 pt No essay included = 0*** |  |  |  |  |  |
|  |  |  |  |  |
| ***Total*** |  |  |  |  |  |

**Evaluator’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**