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

**Mrs. Janice Burks, President**



January 5, 2017

Dear Scholarship Candidate:

The Roanoke Chapter of the Girl Friends, Inc. is pleased to announce the Constance J. Hamlar Scholarship in memory of deceased chapter member and former college faculty member.

The chapter is seeking high-achieving, African American youth who plan to attend a community college or four year accredited institution 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 Roanoke, Salem, Lynchburg, Botetourt and the New River Valley. Every year we award a **$300.00** scholarship to the student who best fits our criteria.

Scholarship applications and supporting documents must be postmarked by February 13, 2017.

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 will be scored.**

Thank you for your interest.

Sincerely yours,

Patricia Henry

Thelma T. Haynesworth

Patricia Henry and Thelma T. Haynesworth,

Scholarship Co- Chairs

­­­­The Roanoke Chapter of the Girl Friends Inc. Scholarship Application

The Roanoke Chapter of Girl Friends

**THE GIRL FRIENDS INC. SCHOLARSHIP**, sponsored by the Roanoke Chapter of The Girl Friends, Inc. in memory of Mrs. Constance J. Hamlar, is to assist high-achieving, African American students who plan to attend a community college or four year accredited institution of higher education. This $300 scholarship award will assist a student with the cost of tuition, books and/or other mandatory fees.

Instructions: (Please complete this form and attach the following along with a **photograph, head shot**):

1. Applicants must complete Section 1 of this form and return to the address listed below with an **official transcript** showing the most recent grade point average.

2. Submit a statement of recommendation from a teacher or counselor (form attached). This statement must be returned in a sealed envelope with the completed application. Recommendations from relatives will not be accepted.

3. **A brief biographical essay (one page) including your career goals, extracurricular activities,**

**community service, honors & awards, other attributes and any unusual circumstances which make you a deserving recipient.**

\*\*\*\*\*\*\*\*\*\*

SECTION I – TO BE COMPLETED BY THE STUDENT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Full name of current school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date \_\_\_\_\_\_\_\_\_\_\_

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

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

Intended College Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Return this scholarship application with all supporting documents by **February** 13, 2017 to:

**Thelma T. Haynesworth**

**6510 Fairway Forest Drive**

**Roanoke, VA 24018**

The Roanoke Chapter of the Girl Friends, ®Inc. Scholarship Application

**ELIGIBILITY REQUIREMENTS:**

*Scholarship applicants must meet the following:*

* Be a citizen of the United States
* Is a graduating high school senior planning to attend a local community college or a four year accredited institution of higher learning.
* Have a minimum grade point average of 2.5

**ALL APPLICATIONS MUST BE POSTMARKED BY February 13, 2017**

**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. A statement of recommendation in a sealed envelope. (**Form included)**

**Recommendations from relatives will not be accepted**

4. Copy of official high school transcript with GPA

5. Completed scholarship application

6. Complete Confidential Financial Information form.

**(*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**

**Recommendation: 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 Drive**

**Roanoke, VA 24018**

The Roanoke Chapter of the Girl Friends, ®Inc. Scholarship Application

Statement of Recommendation

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This student has applied for a scholarship from The Roanoke Chapter of the Girl Friends, Inc. Please complete the following to the best of your ability.

**The form must be returned by the applicant in a sealed envelope no later than February 13, 2017. Mail to address indicated on the application.**

Person recommending student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the scale below as a guide to evaluate this applicant in the areas indicated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Unable to evaluate | Clearly  Outstanding | Exceeds  Expectations | Fully Satisfactory | Needs Improvement | Clearly Unsatisfactory |
| Academic  Achievement |  |  |  |  |  |  |
| Cooperation and  Attitude |  |  |  |  |  |  |
| Dependability |  |  |  |  |  |  |
| Efficiency and Organization |  |  |  |  |  |  |
| Initiative |  |  |  |  |  |  |
| Integrity |  |  |  |  |  |  |
| Interpersonal Relations and Communications |  |  |  |  |  |  |
| Leadership  Abilities |  |  |  |  |  |  |

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 in the 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Girl Friends- $300 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 Little involvement = 1 pt.  Strong involvement = 3 pts No involvement = 0  Average involvement = 2 pts |  |  |  |
|  |  |  |
| HONORS & AWARDS ( 0 – 3 Points)  Much recognition = 3 pts Little recognition = 1 pt.  Average recognition = 2 pts 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 Average = 1 pt  Strong = 2 pts 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 points  Poorly written = 1 pt  No essay included = 0 |  |  |  |
|  |  |  |
| Total |  |  |  |

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