VIRGINIA DEPARTMENT OF EDUCATION

**2014 GRANVILLE P. MEADE SCHOLARSHIP APPLICATION**

# SECTION I

*(To be completed by applicant)*

## Please Print

Name:

 Last First Middle

Home Address:                                                                                           (        )

 Number and Street Phone

                                                                                                                \_\_XXX-XX-\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Social Security No.(last 4 only)

Place of Birth:                                                                    Date of Birth:

 City, State

High School Now Attending (if applicable):

School Address:                                                                                          (        )

 Number and Street Phone

 City State Zip Code

Name of School Division (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Principal/Headmaster (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduation Date:                                                  Class Rank:                No. in Class:

 (if applicable) (if applicable)

SAT/ACT:                                                            When Taken:

 Score

### Note: An official high school transcript and standardized test record MUST accompany this application. Homeschooled students: For sections not applicable, insert “N/A”.

Name of College/University in which the Applicant Expects to Enroll

Address of College/University

 City State Zip Code

Career Objective:

(Doctor, Engineer, Lawyer, Teacher, etc.)

Extracurricular activities including honors and awards:

Athletics:

Work experience last summer:

Part-time or after-school work experience:

Why do you desire to attend college?

Have you received other scholarships?

|  |  |  |
| --- | --- | --- |
| Scholarship:                                                                   | Amount: | $                           |
| Scholarship:                                                                  | Amount: | $                           |

 Date Signature of Applicant

**SECTION II**

The Virginia Department of Education does not discriminate on the basis of race, sex, color, national origin, religion, age, political affiliation, veteran status, or against otherwise qualified persons with disabilities in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following position has been designated to handle inquiries regarding the Department’s non-discrimination policies:

Deputy Superintendent – Finance and Operations
Virginia Department of Education
P.O. Box 2120
Richmond, Virginia 23218-2120
Phone: (804) 225-2025

For further information on Federal non-discrimination regulations, contact the Office for Civil Rights at OCR.DC@ed.gov or call 1(800) 421-3481.

You may also view [Executive Order 6 (2010)](http://doe.virginia.gov/home_files/leaving/redirect.cfm?url=http://www.governor.virginia.gov/PolicyOffice/ExecutiveOrders/2010/EO-6.cfm), which specifically prohibits discrimination on the basis of race, sex, color, national origin, religion, age, political affiliation, or against otherwise qualified persons with disabilities. The policy permits appropriate employment preferences for veterans and specifically prohibits discrimination against veterans. [official website](http://doe.virginia.gov/home_files/leaving/redirect.cfm?url=http://www.virginia.gov/cmsportal/) concerning this equal opportunity policy.

*(To be completed by parent or guardian)*

 Parents: (If either or both parents are deceased, so indicate.)

**Father’s Name:**                                                                                                    Age:

Address:

 Number and Street

 City/County State Zip Code

Occupation:                                                            Approximate Annual Income: $

**Mother’s Name:**                                                                                                  Age:

Address:

 Number and Street

 City/County State Zip Code

Occupation:                                                           Approximate Annual Income: $

**Guardian’s Name:**                                                                                           Age:

Address:

 Number and Street

 City/County State Zip Code

Occupation:                                                           Approximate Annual Income: $

Number of family members other than yourself and applicant:

 Ages:           ,           ,           ,           ,           ,           ,           ,           ,           ,           ,

 Number in school:               Number presently attending college:

 Number who are self-supporting:

 Amount parents or guardian can provide annually toward applicant’s college

 expense: $

 Amount that may be available annually from other sources:

|  |  |
| --- | --- |
| Other relatives | $                       |
| Trust funds | $                       |
| Applicant’s savings | $                      |
| Applicant’s summer employment | $                      |
| Any other | $                      |

Are there any unusual circumstances that curtail the family income or increase the family expenses? (Explain in detail)

 Date Signature of Parent or Guardian

**SECTION III**

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Confidential letters of reference from at least four people not related to the applicant, including the applicant’s high school principal (if applicable), shall be filed with this application. These letters should give specific information in regard to the applicant’s character, personality, and ability. Particular reference must be made to the applicant’s need and the family’s financial ability.