



SCHOLARSHIP APPLICATION PACKET 2024-2025 SCHOOL YEAR

APPLICATION MUST BE FILLED OUT COMPLETELY
Resumes will be accepted but should not be used in place of application.

A. General Eligibility

1. Applicant must be a candidate for graduation from a high school in the jurisdiction of Roanoke County Public Schools in the awarding year.
2. Applicant must have been accepted by an accredited two/four-year college or university, or a business/trade/technical school approved by the selection committee.
3. Applicant must have a minimum 2.0 grade point average and complete the necessary forms furnished by the scholarship committee. Forms will be completed on each applicant by a school counselor and/or principal.
4. The scholarship may be used for educational expenses in any accredited two-or four-year college or university, business school, trade or technical school approved by the scholarship committee.
5. Applicant must exhibit leadership, citizenship and ambition.
6. **Individual scholarships may have additional eligibility requirements. Please see the scholarship checklist for details.**

B. Financial Procedures

1. The scholarship will be in the form of a grant.
2. Payment of the grant shall be made in the form of a check **co-payable to the recipient and the approved school**. The check will be sent to the recipient's address. The recipient must endorse and forward the check to the school. In the event the recipient withdraws during the term, an effort will be made to regain any unused portion.
3. The recipient is **required** to submit documentation of acceptance from the school the recipient will be attending in order to process the grant.
4. Requests for funds and required documentation of enrollment must be provided to the Education Foundation by **no later than October 31** of the awarding year.
5. The recipient may accept other scholarships or financial aid. Questions concerning this will be decided by the scholarship committee.

C. Procedures for Selecting Recipients

1. Notice of availability of and regulations governing this scholarship will be sent to the guidance counselor of all high schools in Roanoke County Public Schools.
2. Applications shall be returned to the student's high school counseling department **no later than March 1** (or earlier as deemed necessary by the counseling department).
3. Screening will be done as much as possible from application forms, but the committee reserves the privilege to request a personal interview.
4. All other factors being equal, financial need will be given preference unless the donor has specifically stated financial need as a primary deciding factor
5. Recipient will be awarded the scholarship at a school-based awards event.
6. School scholarship committees are requested to screen applicants and submit the requested number of applications to Chuck Lionberger at Central Office **no later than March 30**.



Roanoke County Public Schools
Education Foundation, Inc.

2024-2025 SCHOLARSHIP APPLICATION CHECKLIST

All scholarship applicants are subject to basic eligibility criteria – some scholarships may have additional criteria

Please check the scholarship(s) you are applying for

(you can apply for multiple scholarships – check as many as you wish)

Student Name: _____

High School: _____

Check to Apply	First Name	Last Name	Scholarship Name	Amount	High School	Min. GPA	Required Major	Essay	Reference Letter	Additional Requirements
<input type="checkbox"/>			Bales Family Music (3 awards)	\$1,000	CSHS					Current member of school band/choir
<input type="checkbox"/>			Bayes E Wilson	\$750	All					
<input type="checkbox"/>			Betty Lou Harlan Memorial	\$250	BCAT		Career/Tech Ed			Attended BCAT
<input type="checkbox"/>			Captain JR Memorial	\$250	BCAT		Career/Tech Ed			Attended BCAT
<input type="checkbox"/>			Carilion Clinic Pre-Med	\$1,000	All		Pre-Med			
<input type="checkbox"/>			Carilion Clinic Biology/Science	\$1,000	All		Biology/Science			
<input type="checkbox"/>			Carilion Clinic Nursing	\$500	All		Nursing			
<input type="checkbox"/>			Carilion Clinic Research	\$1,000	All		Research			
<input type="checkbox"/>			Craig Hodge Civics	\$1,000	WBHS			Yes		
<input type="checkbox"/>			David C Vail Memorial	\$500	NSHS					Member of school band
<input type="checkbox"/>			Debra Coker Williams Memorial	\$500	NSHS		Science			Preference given for teaching profession
<input type="checkbox"/>			Dona Memorial	\$3,000	GHS	2.5 or higher				Attend a school in Commonwealth of Virginia
<input type="checkbox"/>			Garland Reeves Life	\$1,000	All	3.0 or higher		Yes	2 letters	
<input type="checkbox"/>			Glema Hess Delaney Commitment to Education (2 awards)	\$1,000	GHS or HVHS	3.0 or higher		Yes		Attend 4-yr college
<input type="checkbox"/>			Glenvar Bees (5 awards)	\$1,000	GHS			Yes		Complete minimum of 40 community service hours with G-Bees
<input type="checkbox"/>			Golf Tournament - Branch	\$500	All					
<input type="checkbox"/>			Golf Tournament - Member One	\$500	All					
<input type="checkbox"/>			Golf Tournament - Southern Team	\$500	All					
<input type="checkbox"/>			Hartwell Glass Memorial	\$1,250	CSHS	3.0 or higher				Attend Virginia Tech
<input type="checkbox"/>			Herman L Horn Elementary PTSO	\$500	WBHS					Attended Herman L Horn Elementary
<input type="checkbox"/>			Jack & Karen Griffith Softball	\$500	CSHS					Current member of school softball team

Student Name: _____

High School: _____

First Name

Last Name

Check to Apply	Scholarship Name	Amount	High School	Min. GPA	Required Major	Essay	Reference		Additional Requirements
							Letter		
<input type="checkbox"/>	JD Sisson	\$500	All						Preference for member of high school golf team
<input type="checkbox"/>	Jessica Elaine Duff Memorial	\$500	CSHS						Must have been school office runner or aid
<input type="checkbox"/>	Kathy Laughlin For the Love of History	\$500	WBHS	3.0 or higher	Education (Middle or High)		1 letter		Attending 4 year college; preference given for history teaching
<input type="checkbox"/>	Kip Nininger	\$1,413	All	3.0 or higher		Yes			Preference given for financial need; List of volunteer work
<input type="checkbox"/>	Lacole Board Memorial	\$500	WBHS						
<input type="checkbox"/>	Lynn W Saunders Softball	\$500	CSHS						Current member of school softball team; demonstrate exemplary sportsmanship
<input type="checkbox"/>	Mary Ohlheiser Shepard Memorial	\$2,500	CSHS or HVHS	3.5 or higher		Yes			
<input type="checkbox"/>	Melvin Bentley Memorial	\$500	CSHS or HVHS		Music				
<input type="checkbox"/>	Michael H Calhoun Memorial	\$1,000	NSHS	2.5 or higher					
<input type="checkbox"/>	Michael J Aheron Memorial	\$1,250	NSHS	3.0 or higher					
<input type="checkbox"/>	Michael J Sandridge Memorial	\$500	GHS						
<input type="checkbox"/>	Michael Wray	\$500	CSHS	3.0 or higher					Preference given for financial need
<input type="checkbox"/>	Nancianne Crow Booth Memorial	\$500	CSHS	2.5 or higher					Complete minimum of 2 consecutive years in Business or Marketing
<input type="checkbox"/>	Northside High Challenge	\$500	NSHS						
<input type="checkbox"/>	Quincy Development Company	\$4,000	WBHS						Attend a school in Commonwealth of Virginia
<input type="checkbox"/>	Robert A Patterson Memorial	\$277	WBHS						
<input type="checkbox"/>	Ryan Jeffrey Hutchinson Memorial	\$1,000	GHS						Attended Ft Lewis Elem for minimum of 3 years
<input type="checkbox"/>	Sandy Huffman Memorial	\$2,000	GHS	3.0 or higher	Nursing or Medical				
<input type="checkbox"/>	Sara Lee Allen Memorial	\$400	CSHS	2.5 or higher					
<input type="checkbox"/>	Stephanie Herron "Shine" Memorial	\$500	All						Preference for former student of Stephanie Herron and/or student at Burlington Elem
<input type="checkbox"/>	Thad James Memorial	\$500	All		Education				
<input type="checkbox"/>	Vinton McDonald's Scholarship	\$500	WBHS						

Roanoke County Public Schools Education Foundation, Inc. SCHOLARSHIP APPLICATION

Please complete and return this application to your school counselor.

Name _____
First
Middle
Last

Email Address (please do not use your RCPS email address) _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Date of Birth _____ Age _____ Gender _____

Parent/Guardian's Name _____

Parent/Guardian's Occupation _____

High School from which you will graduate _____

List extracurricular activities (*please note level of participation and leadership positions held*):
(Attach extra sheets if needed)

SCHOOL ACTIVITY	Year				Participation / Leadership Position
	9	10	11	12	

COMMUNITY ACTIVITY	Year				Participation / Leadership Position
	9	10	11	12	

Were you unable to participate in school or community activities for any reason, such as having a job, etc.? _____

Please provide the following information (if applicable):

WORK EXPERIENCE

(attach extra sheets if needed)

Company	Dates (to-from)	Position/Duties

List any honors or special recognition you received both in and out of school.

(Attach extra sheets if needed)

What special interests, hobbies, and/or talents do you have?

(Attach extra sheets if needed)

List in order of preference the college or institutions to which you have applied.

College	2 or 4 Year	Accepted	Location	Cost (Tuition, Room/Board)

What is your probable major? _____

What is your career objective? _____

Do you plan to work during school or vacations? _____

List other scholarships or financial aid that you have received:

(Attach extra sheets if needed)

Name of Scholarship/Aid	Source	Amount Per Year	Renewable/Payable for how long?

Please provide any additional information that you feel will assist the committee in its selection.

(Attach extra sheets if needed)

Essay/Statement Requirements for certain scholarships. Please submit on a separate page.

FOR MARY OHLHEISER SHEPARD MEMORIAL SCHOLARSHIP:

Include an essay expressing your future plans (300 words maximum).

FOR GLEMA HESS DELANEY COMMITMENT TO EDUCATION SCHOLARSHIP:

Include an essay to answer the following question (500 words maximum):

“As you consider your teachers over the past 13 years, identify one and describe a specific situation in which he/she challenged, inspired, motivated, or otherwise made a lasting impact on your education. We would like to hear about more than why a teacher was your “favorite.”

(500 words maximum)

FOR GARLAND REEVES SCHOLARSHIP:

Include an essay addressing leadership experiences and future goals (1-inch margins, 12 point Times New Roman font, 1.5 line spacing – one page maximum)

Also include two letters of reference.

FOR GLENVAR HIGH SCHOOL G-BEES SCHOLARSHIP:

Include an essay to answer one of the following questions (no word limit):

1. *"What did you learn about yourself during your time with G-Bees?"*
2. *"Which skill or piece of knowledge gained from participating in G-Bees will you use for the rest of your life and how will you use it outside of the G-Bees program?"*

FOR KIP NININGER SCHOLARSHIP:

Include a statement of why you deserve this scholarship (50 words maximum). Also include a list of all volunteer work in the community.

FOR CRAIG HODGE CIVICS SCHOLARSHIP:

Include an essay to answer this question: *What did I learn in Civics and what is my personal civic responsibility?* (300-500 words).

Roanoke County Public Schools Education Foundation, Inc.

CONFIDENTIAL INFORMATION

The funds available for financial aid are limited. 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. If married, include earnings of husband or wife. Please note that all spaces must be marked. If they are not applicable, mark them as such. ***This information is required to be considered for a scholarship.***

	Name	Occupation	Gross Monthly Income	Living in the Home?
Self				
Father				
Mother				
Guardian				

TOTAL GROSS INCOME FROM ABOVE AS SHOWN ON MOST RECENT 1040 TAX FORM _____

Number of persons dependent upon the above income. Include parents, dependent children, aged relatives and others as reported on income tax return.

Name	Age	Name	Age
_____		_____	
_____		_____	
_____		_____	

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. Please include a separate page.

Please provide the following test scores (if available) and attach test results:

SAT Total Score: _____ **ACT Composite Score** _____

All other factors being equal, financial need will be given preference.

NOTE: Pictures of students receiving scholarships may be used in news and/or promotion purposes. Acceptance of a scholarship signifies parental consent.

Roanoke County Public Schools Education Foundation, Inc.

COUNSELOR'S REPORT ON SCHOLARSHIP APPLICANT

To the School Counselor:

The scholarship committee of the Roanoke County Public Schools Education Foundation, Inc. desires the following information concerning the qualifications of _____.

All information you provide will be treated as strictly confidential in keeping with RCPS policies.

Please complete the following information:

Student's current cumulative GPA: _____

Student Rank: _____ **in class of** _____ *shares this rank with: #* _____ *of Students*

Please check the difficulty of this student's program of studies:

Most Challenging	Overall Challenging	Somewhat Challenging	Overall Not Challenging

Total number of Advanced Placement and/or Dual Enrollment courses taken (grades 9-12):

Please attach a transcript of the student's grades.

If needed, please include any further helpful information regarding this applicant on separate page(s).

Thank you for assisting the selection committee with this information.

Signed _____

School _____