

# Virginia Walker Memorial Scholarship Application



**Deadline: March 13, 2017**

## SCHOLARSHIP PACKET CHECKLIST



- Page 1** – Cover Sheet
- Page 2** – Personal Info
- Page 3** - Financial Info
- Page 4** – Academic Goals & Future Plans essay written directly on the page or typed and attached.
- Page 5** – Release of Info – *high school students only* – completed by you and school official.
- Page 6** – Release of Info – *Higher Education Institute* – completed by you and school official.
- Letter(s) of Recommendation** - no more than 4 – from teacher, employer, foster parent, or community member.
- Letter of Support** – *if applicable* – Brief letter confirming their support. See note under “Financial Information” section at bottom of page 2.

**WHAT?** Family Ark’s Virginia Walker Memorial Scholarship Fund provides assistance to cover costs of a technical, bachelor’s, associate, master’s, or doctoral degrees. Scholarships are a minimum of \$500 and up to a maximum of \$5,000. The Family Ark Board of Directors determines the amount and number of scholarships awarded each year, which may be used only for tuition, fees, books, and room/board.

**WHO?** The scholarship is open to persons of any age who have been or are currently clients of any Family Ark program. They may be current graduating seniors furthering their education and/or training or former Family Ark clients of all ages. Past scholarship winners may reapply each year while continuing their education/ training. This scholarship is open to all clients, with no discrimination due to gender, race, age, or sexual orientation.

**HOW?** Applicants must submit this complete application with all six pages plus attachments (see below) together:

1. **Page 1** – This Cover Check Sheet
2. **Page 2** – Personal Information
3. **Page 3** – Financial Information
4. **Page 4** – Academic Goals and Future Plans Essay written directly on the provided page or typed and attached.
5. **Page 5** – Release of Information Form – High School Students Only – to be completed by you and high school official.
6. **Page 6** – Release of Information Form – Higher Education Institution – to be completed by you and your higher education school official.
7. **Letter(s) of Recommendation** (no more than 4) from teacher, employer, foster parent, or community member.
8. **Letter from family member(s)** verifying support, *if applicable*, as noted in the “Financial Information” section on page 2.

***Applicants also must be available for a personal interview.***

Selection is based on quality of completed application and quality of personal interview. All parts of application must be completed to be considered.

**NOTE:** Once notified, scholarship winners will be required to submit to Family Ark a copy of the letter of acceptance from the educational institution before funds are sent.

Mail completed application to: FAMILY ARK/ Scholarships  
101 Noah’s Lane  
Jeffersonville, IN 47130

-or-

Email completed application with all attachments to: [lechsner@thefamilyark.org](mailto:lechsner@thefamilyark.org)  
*\*Family Ark staff will respond to email within one business day to confirm delivery. If you do not receive this confirmation email, please call Lisa Echsner at Family Ark for trouble-shooting.\**

**WHEN?** The deadline for the completed application is **March 13, 2017**  
**QUESTIONS?: Call 812-288-6800 or email [lechsner@thefamilyark.org](mailto:lechsner@thefamilyark.org)**

**Personal Information:**

Last Name: \_\_\_\_\_ Maiden Name, if applicable: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**Current Living Situation:**

Check One:  Foster Home  Independent Living  With Biological Parents  With Spouse  Other \_\_\_\_\_

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**Academic Information:**

LAST HIGH SCHOOL ATTENDED:

School: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

LAST HIGHER EDUCATION INSTITUTE ATTENDED (If applicable):

School: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SCHOOL YOU PLAN TO ATTEND):

School: \_\_\_\_\_ Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**History with Family Ark:**

Your Family Ark Program(s): \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Name of Foster Parents (if applicable) \_\_\_\_\_

Name of most recent Family Ark therapist/case coordinator: \_\_\_\_\_

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**Financial Information:**

Expense	Cost, PER SEMESTER
Tuition, including fees:	\$ _____
Books:	\$ _____
If living on campus, Room and Board:	\$ _____
<b>TOTAL</b>	\$ _____

**Other Financial Aid:**

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

Source: \_\_\_\_\_ \$ \_\_\_\_\_

**NOTE:** *If family members are providing money and support, please attach a brief, signed letter from them noting their relationship to you and confirming the amount of their support.*

**How will you contribute?:**

How do you plan to cover your school and living expenses that are not covered by this Family Ark scholarship and other sources listed above? Please be specific.

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# Virginia Walker Memorial Scholarship Application



## Release of Information Form – High School

**Applicant Instructions:** Fill out the top part of this release form and take it to your high school official, allowing plenty of time for him/her to return it to you before the deadline of March 13, 2017. *This form is for current high school students only.*

Applicant’s Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Post-high school institution chosen: \_\_\_\_\_

***I give my permission for the release of the information requested below to Family Ark as part of my application for its academic scholarship for post-high school education.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

### **To be completed by high school official:**

**High School Official Instructions:** Please supply the information requested below and return this form to the applicant as soon as possible so he/she can meet the March 13, 2017 deadline. Thank you in advance for your assistance.

**Applicant’s Current Grade Point Average** (to date): \_\_\_\_\_ on a scale of \_\_\_\_\_

**Class Rank** (to date): \_\_\_\_\_ out of \_\_\_\_\_

**Attendance Record:** Present: \_\_\_\_\_ Absent: \_\_\_\_\_ Tardy: \_\_\_\_\_

**Applicants Extra Curricular School Activates and Clubs:**

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

Signature of Official: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_



# Virginia Walker Memorial Scholarship Application

## Release of Information Form – Higher Education Institution

**Applicant Instructions:** Fill out the top part of this release form and take it to your higher education official, allowing plenty of time for him/her to return it to you before the deadline of March 13, 2017. *This form is for ALL APPLICANTS.*

Applicant's Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

***I give my permission for the release of the information requested below to Family Ark as part of my application for its academic scholarship for post-high school education.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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

### **To be completed by school official:**

**School Official Instructions:** Please supply the information requested below and return this form to the applicant as soon as possible so he/she can meet the March 13, 2017 deadline. Thank you in advance for your assistance.

**Questions? Please call Family Ark at 812-288-6800.**

**New Student** Has the applicant been accepted for admission to our institution?  Yes  No  
Has he/she been admitted as a degree-seeking student?  Yes  No  
Has he/she declared a major?  Yes  No If yes, which major: \_\_\_\_\_

**Returning Student** Has the applicant been admitted as a degree-seeking student?  Yes  No  
What are the current number of credit hours he/she has completed? \_\_\_\_\_ Hours  
What is the applicant's grade point average? \_\_\_\_\_ on a scale of \_\_\_\_\_  
What is his/her class rank? \_\_\_\_\_ out of \_\_\_\_\_  
In what extra-curricular/club activities has he/she participated? \_\_\_\_\_

### **Financial Information (New and Returning Students):**

Cost of education at your institution per semester: Tuition: \$ \_\_\_\_\_

Room and Board (if applicable): \$ \_\_\_\_\_

Amount of financial aid the applicant is currently receiving from your institution: \$ \_\_\_\_\_

Is any of this aid dedicated to only one cost, such as tuition?  Yes  No

If yes, specific area and cost: \_\_\_\_\_ \$ \_\_\_\_\_

School Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_