

Virginia Walker Memorial Scholarship Application



Deadline: March 29, 2019

SCHOLARSHIP PACKET CHECKLIST



- Page 1** – Cover Sheet
- Page 2** – Personal Info
- Page 3** - Financial Info
- Page 4** – Academic Goals & Future Plans
- Page 5** – Release of Info – *high school students only* – completed by you and a school official.
- Page 6** – Release of Info – *Higher Education Institute* – completed by you and a school official.
- Two (2) Letters of Recommendation**
- Letter of Support** – *if applicable*

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 range from \$500-\$5000. 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 available to current and previous clients of Family Ark or Regional Youth Services. Applicants may be current graduating seniors or students pursuing higher education. 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, including:

1. **Page 1** – This Cover Sheet
2. **Page 2** – Personal Information
3. **Page 3** – Financial Information
4. **Page 4** – Academic Goals and Future Plans
5. **Page 5** – Release of Information – High School Students Only – to be completed by you and a high school official
6. **Page 6** – Release of Information – Higher Education Institution – to be completed by you and a higher education school official
7. **Two Letters of Recommendation** from a teacher, employer, foster parent, or community member
8. **Letter from family member(s)** verifying support, *if applicable*, as noted on page 3 in the financial information section of the application

Applicants may also need to be available for a personal interview.

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

NOTE: Once notified, scholarship winners will be required to submit a copy of the acceptance letter 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: sberry@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 Sara Berry at Family Ark.

WHEN? The deadline for the completed application is **March 30, 2019**
QUESTIONS? Call 812-282-8479 or email sberry@thefamilyark.org

Personal Information:

Last Name: _____ Maiden Name, if applicable: _____

First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____

Current Living Situation:

Check One: Foster Home Independent Living With Biological Parents College Campus Own Home/Apt
 Other _____

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: _____ Planned Start Date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

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: _____

Financial Information:

Expense

Cost, PER SEMESTER

Tuition, including fees:

\$ _____

Books:

\$ _____

If living on campus, Room and Board:

\$ _____

TOTAL

\$ _____

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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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 29, 2019. *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 29, 2019 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: _____

Applicant's Extracurricular School Activities and Clubs:

Signature of Official: _____ Position: _____ Date: ___/___/___



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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 29, 2019. *This form is for ALL APPLICANTS.*

Applicant's Full Name: _____

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 29, 2019 deadline. Thank you in advance for your assistance.

Questions? Please call Family Ark at 812-282-8479.

New Student Has the applicant been accepted for admission to your 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: _____