

# Virginia Walker Memorial Scholarship Application



**Deadline: March 27, 2020**

## 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](mailto: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 27, 2020**  
**QUESTIONS? Call 812-282-8479 or email [sberry@thefamilyark.org](mailto:sberry@thefamilyark.org)**

**Personal Information:**

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

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

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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**Current Living Situation:**

Check One:  Foster Home  Independent Living  With Biological Parents  College Campus  Own Home/Apt  
 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: \_\_\_\_\_ Planned Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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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## 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 27, 2020. *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 27, 2020 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: \_\_\_/\_\_\_/\_\_\_



# 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 27, 2020. *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 27, 2020 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: \_\_\_\_\_