



**2010 MARTINSVILLE AREA COMMUNITY FOUNDATION
SCHOLARSHIP REQUIREMENTS AND APPLICATION
APPLICATION DEADLINE: April 1, 2010 at 5:00 P.M. This is not a postmark deadline.**

GENERAL SCHOLARSHIP GUIDELINES

Martinsville Area Community Foundation (MACF) administers scholarship funds to assist capable and deserving students based on the criteria established by fund donors. All awards are subject to the availability of funds. Specifics of the Foundation's scholarship program are subject to change from time to time.

Graduating high school seniors, current college students, or anyone intending to begin a program at an accredited two or more year college or university, or technical/vocational school, or students in a graduate program may apply.

Scholarships will be awarded on an objective and non-discriminatory basis, without regard to race, color, religion, age, national origin, gender or disability.

Award amounts will vary and payments will be made directly to the educational institution.

The decisions of the scholarship committee are final. Neither the scholarship committee, nor the staff of Martinsville Area Community Foundation, will release justification for recipient selections. MACF reserves the right to reconsider and retract scholarship awards if the applicant's enrollment status changes.

The complete application must be mailed or hand-delivered to Martinsville Area Community Foundation. The mailing address is P.O. Box 1124, Martinsville, VA 24114. If you are hand-delivering the application, the address is 22 E. Church St. Suits 305, Martinsville, VA 24112.

Because the Foundation receives hundreds of applications, we cannot confirm receipt of your application by phone. If you would like to verify that your completed application was received, send an email inquiry to info@martinsvilleareacommunityfoundation.org.

Incomplete applications and applications received after the deadline will not be reviewed. MACF assumes no responsibility for procuring any necessary information and reserves the right to request any additional information from the applicant. Upon receipt of the application, it becomes the property of MACF.

REQUIREMENTS

- All applicants must be a U.S. citizen.
- All applicants must be a graduating high school senior, high school graduate or have obtained a GED.
- All applicants must have applied to or be enrolled at one or more post secondary institutions.
- All applicants must have submitted a Free Application for Federal Student Aid (FAFSA).

PLEASE BE SURE THE FOLLOWING MATERIALS ACCOMPANY YOUR APPLICATION:

1. **Completed Application.**
2. **Current Resume.** Please include your academic/scholastic activities (clubs, student government, National Honor Society, etc), sports, community activities (civic activities, clubs, volunteer work, faith activities, etc), number of years you have participated and your leadership position, letters earned, awards received, and recognitions. Additionally, please include your work experience such as self-employment, employer name, nature of work, supervisory positions held, and dates employed. (**Maximum 2 pages**)

3. **Most recent official high school and/or college transcript.** Website generated transcripts or faxed transcripts will not be accepted. (If you are a high school student, make sure a School Official/Guidance Counselor submits an official high school transcript. If you are currently enrolled in college, you must attach a copy of your official college transcript. If you have only been enrolled for one semester, please submit whatever school record available and your high school transcript. Non-traditional students may submit whatever official school record is available. If it is the policy of the school you attend not to give official school records to students, then these records may come directly from the school providing they arrive before the deadline. School Records not received by the deadline will be considered incomplete and will not be reviewed.
4. **Two (2) Letters of Recommendation** in envelopes sealed by the writer. You must have two (2) Letters of Recommendation. ALL Recommendations should be given to you by the writer in a sealed envelope. You should send the envelopes to Martinsville Area Community Foundation unopened. Do not send separately. Recommendation Letters that are sent under separate cover must arrive by the deadline or your application will be considered incomplete and will not be reviewed.
5. **One page typed, double spaced essay answering this question:** “What are your educational goals and what does this scholarship mean to you?”
6. **Copy of your official Student Aid Report (SAR)** Please submit the complete Student Aid Report that includes your Expected Family Contribution (EFC) and the adjusted gross income information. This report comes from filling out the FAFSA.
7. **Copies of the first two pages of the most recent federal income tax return** filed by your parents as well as your own, if you were required to file. (Do not include W-2's.)

FUND DESCRIPTIONS AND ELIGIBILITY REQUIRMENTS

The Rangeley Educational Fund- Provides scholarships to further the education of young men and women pursuing study in technical, vocational, academic, or professional fields, with preference given to students from Martinsville and Henry County.

Typical Grant: Between \$1,000 and \$5,000

Eligibility Requirements

- Have a minimum GPA of 2.5 on a 4.0 scale.
- Demonstrate capacity to satisfactorily complete college level studies.
- Financial need is not a requirement but will be considered.

The Lester Educational Fund- Provides scholarships to help students obtain an education in a profession or vocation, with preference given to students from Martinsville, Henry County, and Franklin County, Virginia.

Typical Grant: Between \$1,000 and \$5,000

Eligibility Requirements

- Have a minimum GPA of 2.5 on a 4.0 scale.
- Demonstrate capacity to satisfactorily complete college level studies.
- Financial need is not a requirement but will be considered.

The LaPrade Educational Fund- Provides scholarships to further the education of young men and women who appear to be able, deserving, and in real need of financial assistance in their post high school education in the fields of either technical, vocational, academic, or professional education, with preference given to students from Martinsville, Henry County, Franklin County, and Pittsylvania County.

Typical Grant: Between \$1,000 and \$5,000

Eligibility Requirements

- Have a minimum GPA of 2.0 on a 4.0 scale.
- Demonstrate capacity to satisfactorily complete college level studies.
- Demonstrate financial need.

The Hall Educational Fund- Provides scholarships to qualified and needy young men and women who will enroll in, or are enrolled in, an accredited four year college or university that is associated with the United Methodist Church. While applicants may pursue any course of study, preference will be given to students studying to become a Methodist minister. Further, preference will be given to students from the City of Martinsville, and the counties of Henry, Patrick, Franklin and Pittsylvania.

Typical Grant: up to \$10,000 per year

Eligibility Requirements

- Have a minimum GPA of 2.5 on a 4.0 scale.
- Must be enrolled at least part-time in an educational program at an accredited four-year college or university that is associated with the United Methodist Church.
- Have an annual household income of no more than \$75,000.

APPLICANT STATEMENT: I certify that I have read and understand the scholarship application instructions and requirements stated above.

Applicant's Signature _____ Date _____

**2010 MARTINSVILLE AREA COMMUNITY FOUNDATION
SCHOLARSHIP APPLICATION**

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(Read very carefully and follow exactly)

Please print clearly in blue or black ink or complete on your computer.

Complete all pages of the application and any supplemental forms as required!

Are you a previous recipient of a Martinsville Area Community Foundation scholarship? yes no

If yes, what year(s) did you receive the scholarship? _____ In what amount(s)? _____

What kind of student are you? Please select one:

I am considered a Traditional Student because I am:

- Graduating high school senior or returning or currently enrolled in college who has not had their academic career interrupted for more than 24 months, and who is seeking an undergraduate degree, diploma or certificate.
- Full time student (at least 12 credit hours per semester)

I am considered a Non-Traditional Student because I am:

- Returning or currently enrolled in college who has had their academic career interrupted for more than 24 months and who is seeking an undergraduate degree, diploma or certificate.
- Post-Graduate student
- Part-Time student (less than 12 credit hours)
- GED recipient

I am applying for the following scholarships (check only the ones you are eligible for):

Rangeley Educational Fund

Lester Educational Fund

LaPrade Educational Fund

Hall Educational Fund

PERSONAL INFORMATION

Student Name

Mr. Ms.

Mrs.

Mailing Address

Address _____

City _____ County _____ State ____ Zip _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Cell Phone (include area code) _____

Birthdate _____ Last 4 digits of your _____ Gender Male

(mm/dd/yyyy) _____ Social Security Number _____ Female

Email address: for office use only by the Community

Foundation staff _____

Current Physical Address (if different from above) Correspondence will be sent to your mailing address.

Address _____

City _____ County _____ State ____ Zip _____

Home Phone (include area code) _____ Work Phone (include area code) _____

Are You Currently A

- G.E.D. Graduate High School Senior High School Graduate, Never Enrolled in College
 Undergraduate Student (ages 17-24) Undergraduate Student (ages 25+) Graduate Student

Have you served in the military?
 Have you ever been convicted of a crime? (If yes, please explain below)

ACADEMIC INFORMATION

Educational History

Please list educational institutions you have attended including high school. Begin with the most current information.

Name of Institution	Cumulative GPA	Dates Attended	Graduated/Degree Granted
		-	
		-	
		-	
		-	
		-	

Level you will be entering in college: Freshman Sophomore Junior Senior Graduate

List in order of your preference the colleges or institutions to which you have applied and complete the additional information.

Name of College or Institution	Accepted? Yes/No/Pending	COST (Tuition, Room & Board)
	Yes	\$
		\$
		\$
		\$

Degree you will be pursuing: AA AS BA BS MA Graduate Other _____

Field of study _____

Will you be enrolled:

- Full-time (12 hours or more) Part-time (6-11 credit hours) Less than part-time (Less than 6 hours)
- How many hours are you taking? ___ How many hours are you taking? _

Will you live: on campus off campus with parents Other _____

Have you applied for other scholarships? YES NO

If no, please explain why not: _____

Have you received other scholarships? YES NO

FINANCIAL INFORMATION

Income, Expenses and Asset Data

This information is required to assess the financial need of each applicant. If you are a **dependent student**, you must also have your parents complete the PARENT INFORMATION section. If federal income taxes for the 2009 year have not been filed by the time you are filling this out, you must use estimated numbers. If you are an **independent student**, information about you and your spouse, if applicable, must be included. It will be treated as **CONFIDENTIAL** information and used **ONLY** for the purpose of applicant evaluation by the scholarship committee.

You must attach a copy of your **Student Aid Report (SAR)** as well as copies of the most recent **Federal Income tax return**. **Applications without these documents will not be considered.**

*You are a dependent student if you are under 24 years of age unless you: (1) are a ward of the court; (2) are married and living away from your parents; (3) have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those years; or (4) have served in the military.

- I am a dependent student.
 I am an independent student.

	CUSTODIAL PARENT(S) INFORMATION	STUDENT INFORMATION
Source of financial information Check one	<input type="checkbox"/> Actual numbers/Already filed <input type="checkbox"/> Estimated number to be filed	<input type="checkbox"/> Actual numbers/Already filed <input type="checkbox"/> Estimated number to be filed
Annual adjusted gross income	\$_____	\$_____
Total annual income earned/received from all sources	Father/Stepfather \$_____ Occupation _____ Employer _____ Mother/Stepmother \$_____ Occupation _____ Employer _____	Student \$_____ Occupation _____ Employer _____ Spouse \$_____ Occupation _____ Employer _____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Other income (alimony, child support, government benefits, etc.)	\$_____	\$_____

____ #of adults, ____ #of children living in this household

Total in household attending college _____

List of person(s) in the household

NAME	AGE	RELATIONSHIP TO APPLICANT	SCHOOL, COLLEGE, OR OCCUPATION

Will you be receiving any of the following financial resources to assist you with your college expenses?

FINANCIAL RESOURCES	YES/NO/PENDING	TOTAL AMOUNT(S)
Financial Aid from your college/university		
Grants		
Scholarships *		
Loans		
Work Study		
Tuition waiver		
Veteran's educational benefits		
Tuition reimbursement from employer		
Family contribution		
Savings		
Other		

*Please list all scholarships for which you have applied. If the scholarship has been awarded to you, include the amount beside the name of the scholarship.

NAME OF SCHOLARSHIP	TOTAL AMOUNT(S)

Part of the criteria is financial need. Describe personal or family circumstances that make it necessary for you to seek aid for your education. If you and your family have unusual circumstances, such as illnesses not covered by insurance, unemployment, etc. that affect income, please include those as well.

CERTIFICATION

I/We certify that the information in this application is true and complete to the best of my knowledge. I/We will supply any additional information The Community Foundation may request.

APPLICANT SIGNATURE _____ DATE _____

PARENT (SPOUSE) SIGNATURE _____ DATE _____

Application Checklist (For Applicant Use)

- | | |
|---|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Current Resume |
| <input type="checkbox"/> Most recent official transcripts | <input type="checkbox"/> 2 Letters of Recommendation in envelopes sealed by the writer |
| <input type="checkbox"/> One page typed, double spaced essay | <input type="checkbox"/> Official Copy of Student Aid Report (SAR from FAFSA) |
| <input type="checkbox"/> Copies of the most recent tax return | |