Application for

The William J. Foreman Memorial Scholarship

of

The Community Foundation for Northern Virginia

Applicant: ____________________________

High School: _________________________
The William J. Foreman Memorial Scholarship

Application for Scholarship

The William J. Foreman Memorial Scholarship is open to graduating high school seniors from Fairfax County Public Schools, who demonstrate academic achievement and potential; an ability to overcome significant adversity; and a financial need. Priority will be given to those who have experienced homelessness, foster care, or a lack of substantial family support during their high school career.

A non-renewable scholarship amount between $1500.00 and $2000.00 will be awarded for tuition and related expenses under the following regulations:

1. Applicants for the William J. Foreman Memorial Scholarship must have experienced significant adversity which they overcame. (Priority will be given to those who have experienced homelessness, been in foster care, or a lack of substantial family support during their high school career.)

2. Applicants must demonstrate the following criteria:
   - Academic achievement and potential
   - Financial need
   - Positive attendance record
   - School involvement
   - Life experiences (overcome significant adversity)
   - Leadership or mentoring skills
   - Positive attitude

3. Students must complete all graduation requirements to be considered for the William J. Foreman Memorial Scholarship. If graduation requirements are not completed by graduation day, the scholarship will be awarded to another student.

4. The following items must be submitted to your College and Career Specialist by April 14, 2022.
   a. Completed and signed application parts A – E:
      - Part A: Applicant Information
      - Part B: Student Essay (about 350 words)
      - Part C: Optional Scholarship Information
      - Part D: Teacher Recommendation Form and Letter
      - Part E: Counselor Recommendation Form and Letter
   b. Transcript
   c. Attendance Record
   d. Student Aid Report (SAR) from FAFSA.
   e. Additional Information: One additional letter of recommendation will be accepted if you have a non-family member who would like to write one.
   f. Digital signatures or email from the teacher or counselor will suffice this requirement.

5. Scholarship recipients are expected to attend an award presentation at a time and location to be determined. Meeting with the scholarship sponsors is of great importance to the Foreman family. If a recipient is unable to attend the presentation, prior notification should be given to Karen Huffman via email at kshuffman@fcps.edu. to make the necessary arrangements for other options.

For more information or questions, email Karen Huffman at kshuffman@fcps.edu.

This scholarship is funded by the William J. Foreman Memorial Scholarship Program, administered through The Community Foundation for Northern Virginia.

INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

Part A

Rev.: 12/2021
APPLICANT INFORMATION

Name ____________________________________________ High School ____________________________

Current Address ____________________________________________________________

Applicant Telephone __________________________ Email ____________________________

Birth Date __________________________ Gender: Male, Female, Non-Binary ________________

Graduation: Month\Year __________________________________________________________

Parent or Guardian Name, if applicable ______________________ Phone ________________

Contact Person (if parent/guardian is not available) __________________ Phone ________________

Please list any activities, honors, clubs, and service organizations you have participated in during your high school years: (Use the back of this page if more space is needed.)

1) ____________________________________________________________________________
2) ____________________________________________________________________________
3) ____________________________________________________________________________
4) ____________________________________________________________________________
5) ____________________________________________________________________________
6) ____________________________________________________________________________

Cumulative GPA: _______ College you plan to attend_____________________________________

Have you been accepted to attend this college? ______________________________________

Media Release: I certify that if I am selected as a scholarship recipient, I acknowledge and agree that my name, high school, the college I plan to attend, and image may be used in media, explicitly for purposes of promoting The William J. Foreman Memorial Scholarship of The Community Foundation for Northern Virginia. Please check the appropriate box (checking either box does not increase or decrease your chances of being selected):

☐ I agree. ☐ I request my information not be used.

Applicant Signature ____________________________ Date ________________
Please write a personal essay. The scholarship selection committee would like to know more about you to include anything you do outside of school (i.e., work), specific challenges you have faced in high school, how you successfully met those challenges and how you plan to use the scholarship if selected. The committee will review your essay and judge it on content and writing ability. You may type your essay on separate paper and attach it to this page.

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Applicant Name (please print) ____________________________  High School ____________________________

Applicant Signature ____________________________  Date ____________________________
Optional: Use this space to write any additional information you want the Scholarship Selection Committee to know. You may include information to help the Committee better understand your financial situation.

Applicant Name: ________________________________________  Date:  _______________
(Please print)
Applicant Signature: ______________________________  High School: ________________________
Part D

TEACHER RECOMMENDATION FORM

NOTE: PLEASE COMPLETE EACH BLANK SPACE ON THIS FORM

Teacher’s Name: ________________________________________________________________

High School: _________________________________________________________________

Applicant’s Name: _____________________________________________________________

Please return by: ______________________________________________________________

The above student is applying for the William J. Foreman Memorial Scholarship. As part of the application process, the student must submit this recommendation form and a letter of recommendation from their teacher. Upon completion, please return this form and your letter of recommendation to the student, in a sealed envelope, by the above date.

Using the following rating scale, please evaluate the applicant in the characteristics and skills listed below.

5 = High  4 = Above Average  3 = Average (requires comment)  2 = Marginal  1 = Low

_____ Dependability (due dates, assignments)

_____ Cooperation (works effectively with others)

_____ Flexibility (reacts to new and unanticipated situations)

_____ Initiative (ability to work without constant supervision)

_____ Maturity (seriousness in approach to studies, assignments)

_____ Communication skills (oral, written, active listening)

_____ Interpersonal skills (relates well to all kinds of people)

_____ Leadership or mentoring skills

_____ Academic potential

_____ Potential as a college student

Teacher Signature: ___________________________________________ Date: ________________

Subject: ____________________________________________________________________________

Teacher Phone: ___________________________ Email: _________________________________

Required:
Teacher please attach your letter of recommendation.
COUNSELOR RECOMMENDATION FORM

NOTE: PLEASE COMPLETE EACH BLANK SPACE ON THIS FORM

Counselor’s Name: ____________________________________________

High School: ________________________________________________

Applicant’s Name: ____________________________________________

Please return by: ____________________________________________

The above student is applying for the *William J. Foreman Memorial Scholarship*. As part of the application process, the student must submit this recommendation form and a letter of recommendation from their counselor. Upon completion, please return this form and your letter of recommendation to the student, in a sealed envelope, by the above date.

Using the following rating scale, please evaluate the applicant in the characteristics listed below. Your responses are confidential.

5 = High  4 = Above Average  3 = Average (requires comment)  2 = Marginal  1 = Low

_____ Dependability (due dates, assignments)

_____ Cooperation (works effectively with others)

_____ Flexibility (reacts to new and unanticipated situations)

_____ Initiative (ability to work without constant supervision)

_____ Maturity (seriousness in approach to studies, assignments)

_____ Communication skills (oral, written, active listening)

_____ Interpersonal skills (relates well to all kinds of people)

_____ Academic potential

_____ Potential as a college student

Counselor Signature: ____________________________ Date: __________

Counselor Phone: ____________________________ Email: ____________________________

**Required:**

Counselor please attach a transcript, attendance record, and your letter of recommendation.