



Georgia Virginia Nichols-Campbell Foundation

COLLEGE SCHOLARSHIP

**STUDENT APPLICATION
INSTRUCTIONS**

**G. V. N-C. FOUNDATION
P.O. Box 710593
HERNDON VA 20171**

G. V. N - C. FOUNDATION SCHOLARSHIP INSTRUCTIONS

Student Criteria

All of the application must be fully completed and include all appropriate signatures and dates!

1. The student must be a graduating senior residing in Eudora Arkansas. The address on the application must have a Eudora Arkansas physical street address. The address listed on the application must also be the same address listed on the official high school transcript. If the parent or grandparent is the graduate, the student can graduate from any school in the U.S.
2. Students who migrate to Eudora Arkansas must meet and attest to a minimum residency requirement of four years prior to high school graduation.
3. The student must have a grade point average of a B or better.
4. A financial statement (copy of parent's income tax form from prior year or legal proof of income) must be provided to be awarded a need based scholarship.
5. The degree the student is seeking has no bearing on being awarded a scholarship. Scholarships are awarded for no more than four years and cannot be reinstated once forfeited.
6. The student must submit an official transcript for all High School grades including the first semester of their senior year.
7. Three (3) letters of recommendation must be provided. It is suggested that one come from your High School, one from a community contact, and a third one from a church or family friend.
8. The student must submit a typed, double spaced 500 word essay on one of the following topics with their application:
 - "Someone who has Influenced Society and my Life"(other than a family member) Explain how and why.
 - "What Influence does RAP Music have on Today's Teens"
Explain: positive/ negative
 - "What effect does Your Socio-economic Environment have on your Ability to Succeed?" Explain.
9. The scholarship application form and all required information must be postmarked by February 15 of the year the student graduates from High School.
10. Scholarship recipients must provide the G.V.N-C. Foundation with completed proof of registration information and a statement of cost of tuition each semester **30 days before the due date of fees.** **This is a must! No exceptions will be made!** Failure to provide registration information and a statement of cost of tuition each semester will result in non-payment of tuition cost. **It is the scholarship recipient's, not the school's responsibility to submit all required information in a timely manner.**

11. Registration and statements of cost information must include: courses for which the recipient has registered, numbers of credit hours, tuition amount and due date for regular registration, student name and I.D. number; name, address, phone and fax number, of the contact person at the institution. (Please detach and return the standardized form, (found on Page # 4) along with billing and registration information.
12. Scholarship recipients must maintain a B average while in college to retain their scholarships.
13. Scholarship recipients must also be classified as a full-time student and take no less than 12 hours per semester. If a recipient drops below 12 hours, he/she will be responsible for re-paying the Foundation the difference. The amount owed will be based on the cost of tuition per hour at the institution or the reimbursement amount refunded to the recipient by the institution.
14. It is the responsibility of the scholarship recipients to report all changes in curriculum that could affect his/her full time student status. If re-payment arrangements have not been coordinated with the CFO before the end of the semester, the amount owed to the Foundation will be deducted from the scholarship amount the following semester.
15. By June 1 of each year, the student recipient must submit an official copy of his/her college transcript. Failure to do so could result in the loss of your scholarship.
16. All scholarship applications should be sent by first class mail to:
G.V.N-C Foundation
P.O. Box 710593
Herndon, VA 20171
17. The Foundation reserves the right to modify the terms and conditions for maintaining the G.V.N-C. Foundation scholarship, and will notify all active scholarship recipients of any changes, at their address of record.
18. Until further notice, the Foundation scholarship amounts will be limited to \$3500.00 per semester and will be based on the tuition requirement of the school where the recipient is attending or plan to attend.
19. Attending a school that has a tuition fee less than \$3500.00 does not by any means entitle the scholarship recipient to the difference.
20. The G.V.N-C Foundation is not responsible for any other fee's the school you attend might impose to include, but not limited to, additional in-state/out-of-state tuition. Change of state residency and transfers could result in loss of all or part of tuition and should be communicated to the Foundation for consideration.
21. Applications are available through the G.V.N-C. Foundation directly (www.gvncfoundation.org.) or through the (Counselor's Office – Contact Person: Pam Smith) Lake Side High School, Lake Village, AR 71653, or at City Hall, Eudora, AR 71640 (Contact Person: Patricia Toney).
22. Billing information should be directed to, Chief Financial Officer, at the G.V.N-C. Foundation.

Student name

I.D. number

Address

Phone Number

Tuition amount and due date for regular registration

Contact person at college or university:

Address

Phone Number

Fax Number:

Tuition amount

Due date for regular registration

Address to send payment:

PLEASE NOTE: The above "check list" should be used as a guide to accumulate the necessary contact information needed for the Foundation to make timely payments of tuition on your behalf.

Please read the G.V.N-C Foundation Scholarship Instructions carefully before completing this application. Please type application

Biographical Profile

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Are you a U.S. citizen? No Yes
Address _____ *If not, please provide a copy of your green card.*

City _____ State _____ Zip code _____

Name on mailbox _____ Home phone () _____

E-mail _____

Date of birth (mm/dd/yy) _____ Place of birth (city, state) _____

How did you learn about G.V.N-C.
Foundation? _____

Secondary Contact Information (someone you do not live with, such as a grandparent, uncle, aunt, or friend of the family)

Name _____ Relationship to you _____

Daytime phone () _____ Evening phone () _____

Educational Information

Current High School Information (must be accompanied by an official transcript in a sealed envelope)

School name _____

Street address _____

City _____ State _____ Zip code _____

School phone () _____ Guidance counselor _____

Graduation date (mm/yy) _____ Class rank _____ Class size _____ Cumulative GPA (4.0 scale) _____

Provide all test scores available:

ACT score _____ ACT test date (mm/yy) _____ SAT score (total) _____ SAT test date (mm/yy) _____

PLAN score _____ PLAN test date (mm/yy) _____ PSAT score (total) _____ PSAT test date (mm/yy) _____

High School Official Certification

I certify that the educational information above is correct to the best of my knowledge.

Signature of Official _____ Date _____ Daytime phone () _____

(Print or type.) Official's name _____ Title _____

School Activities: List high school-related activities in which you have participated. Avoid abbreviating activity names. List dates of participation in **mm/vv** format.

Activity	Office(s) Held	Dates of Participation	Hours per Week

Community Activities: List community activities in which you have participated without pay during your high school years. Avoid abbreviating organization names. List dates of participation in **mm/yy** format.

Organization	Activity/Service	Dates of Participation	Hours per Week

Awards/Honors

List awards or honors you have received and briefly explain their significance. List date received in **mm/yy** format.

Award/Honor	Significance	Date Received

Employment

List any jobs you have held during your high school years, including summers.

Employer	Job/Type of Work	From (mm/yy)	To (mm/yy)	Hours per Week

College Selections

List college(s) in order of where you want to attend (name, city, and state). Briefly, tell us why you selected each institution.

1st choice

Why?

2nd choice

Why?

3rd choice

Why?

Essay

The student must submit a typed (12 Font), double spaced 500 word essay on one of the following topics, with their application:

- **“Someone who has Influenced Society and my Life” (other than a family member)**
Explain how and why.
- **“ What Influence does RAP Music have on Today’s Teens”**
Explain: positive/negative
- **“What effect does Your Socio-economic Environment have on your Ability to Succeed?”**
Explain.

Family Information

Father

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Living? No Yes (Please provide information below.)

Address _____

City _____ State _____ Zip code _____

Daytime phone () _____ Evening phone () _____

Do you live with your father? No Yes Father's highest level of education _____

If you do not live with your father, does he provide financial support to you? No Yes If yes, how much? \$ _____ /month

Mother

Name _____
First Middle Last

Social Security Number _____ - _____ - _____ Living? No Yes (Please provide information below.)

Address _____

City _____ State _____ Zip code _____

Daytime phone () _____ Evening phone () _____

Do you live with your mother? No Yes Mother's highest level of education _____

If you do not live with your mother, does she provide financial support to you? No Yes If yes, how much? \$ _____ /month

Guardian (if applicable)

Name _____
First Middle Last

Social Security Number _____ - _____ - _____

Address _____

City _____ State _____ Zip code _____

Daytime phone () _____ Evening phone () _____

Relationship to the applicant _____ Guardian's highest level of education _____

Does your guardian provide financial support to you? No Yes If yes, how much? \$ _____ /month

Household/Financial Information

(Must be completed by parent or guardian)

Primary Household Income

Name _____

Employer's name _____

Employment address _____

Employer's phone () _____

Occupation _____

Secondary Household Income (or, if applicable, non-custodial parent who provides support to applicant)

Name _____

Employer's name _____

Employment address _____

Employer's phone () _____

Occupation _____

Parent or Guardian's Dependent Children (attach additional sheet if necessary)

Name	Age	\$ Tuition (If applicable)	\$ You Pay (If applicable)	School to be Attended Next Year
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Are additional dependent children listed on attached sheet? No Yes

Parent or Guardian's Other Dependents (attach additional sheet if necessary)

List all other members of your household not included above who live with you and receive more than half of their support from your family income during the year. Include self, and spouse, relatives, or others fitting into this category.

Name	Age	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Are additional dependents listed on attached sheet? No Yes

General Instructions

Round all figures to the nearest dollar; do not enter cent amounts. **Use the most recent income tax information or estimated current year values.** Do not leave fields blank. If a value is zero, enter "0." All line indications reference 2004 IRS forms.

"Parent" refers to the **parent or guardian** with whom the student lives more than half the time and that person's present spouse, if any. If the student lives with both parents equally (divorced/separated), provide information for the parent (and that person's present spouse, if any) who provided the greater level of financial support in the past year.

Student Financial Information

\$	Untaxed income and benefits: Include student's nontaxable interest, investment income, Social Security benefits, welfare benefits (including TANF), other government benefits, etc. Do not include student earnings from jobs held during the year.
\$	Total amount of current savings and checking accounts: Enter the current or estimated balance of the student's savings and checking accounts. Do not include lump sum pension funds.

Parent General Information

	Marital status: If a widowed parent has remarried, enter "Married/Remarried." If parents have divorced or separated, enter the current marital status of the people the student has lived with the most during the last 12 months.
	City, State, and Zip Code of legal residence
	Number of households maintained: If parents are not living together, enter 2. Do not include vacation homes.
\$	Amount of medical/dental expenses incurred, but not paid for by insurance in 2003
	Age of older parent: Enter the age of the older parent with whom the student has lived with the most during the last 12 months.
	Number of members in your family: How many people do your parent(s) currently support during the time of this application? Include the parent(s), the student, the parents' other children, and any others who live with and receive more than half of their support from the parent(s) during the academic year.
	Number of family members who will be enrolled in college: Of the people included above, how many will be in college at least half time in a program that leads to a college degree or certificate, while the person making this application is in college? Always include the student, even if the student will be enrolled less than half time. Do not include parents.
\$	Adjusted gross income: 1040-line 34; 1040A-line 21; 1040EZ-line 4; Telefile line I. If no return was filed, enter the amount the parent(s) earned during the last calendar year. If none, enter "0."
\$	Total amount of money contributed by others: Include in this amount all financial contributions to your family/household that are not reported elsewhere on this form. Provide each source's name and relationship to the applicant (attach an additional sheet if more than two).
	Name _____ Relationship _____
	Name _____ Relationship _____

\$	Amount of Federal income tax paid last year: 1040-line 54; 1040A-line 36; 1040EZ-line 10; Telefile-line K(2). If no return was filed, enter "0." Do not copy the amount of "Federal income tax withheld" from a W-2 form.
\$	Father's income from work: 1040-lines 7 + 12 + 18; 1040A-line 7; 1040EZ-line 1. If no return was filed, add the amounts from the father's W-2's. Telefilers should use their W-2's.

\$	Mother's income from work: 1040-lines 7 + 12 + 18; 1040A-line 7; 1040EZ-line 1. If no return was filed, add the amounts from the mother's W-2's. Telefilers should use their W-2's. If this amount was already added to the father's income from work, do not add it here.
\$	Untaxed income and benefits: Include nontaxable interest and dividends, welfare benefits (including TANF), Social Security benefits, child support, Worker's Compensation, Earned Income Credit, etc.
\$	Total amount of savings and checking accounts (as of date of application): Enter the current or estimated balance of savings and checking accounts. Do not include lump sum pension funds.
\$	Amount of real estate/investment equity: Enter the total equity (current value minus debt) of real estate and investments. Real estate includes the parents' home, rental property, land, and second/summer homes. Investments include trust funds, money market funds, mutual funds, certificates of deposit, stocks, etc. Do not include the value of life insurance policies or retirement plans.
\$	Amount of business and/or farm equity: Enter the current net worth of your parents' business(s) and/or investment farm(s). If your parent(s) own an investment farm, enter the equity of the farm (current value minus amount owed). Do not include a family farm that your parents live on and operate.

Required Certifications and Release

Applicant Certification

I certify that the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. If selected to receive a scholarship, I give permission for the release of application materials (excluding financial information) for promotional purposes.

Signature of Applicant _____ Date _____

Parent/Guardian Certification

I certify that I have reviewed the **Student Criteria** in the *G.V.N-C. Foundation Scholarship Instructions* and that all requested information have been provided. I certify that the family and financial information provided in the application is, to the best of my knowledge, true and correct.

Signature of Parent/Guardian _____ Date _____

Release of Information (must be signed by applicant AND parent or guardian)

By accepting this award, I agree to the terms and conditions as set forth. I also agree to provide a suitable photo and autobiographical information thus allowing the use of my name, likeness and autobiographical information for advertising and or publicity purposes by the G.V.N-C. Foundation.

Signature of Applicant _____ Date _____

Signature of Parent/Guardian _____ Date _____