

Application for

The William J. Foreman Memorial Scholarship

of

The Community Foundation for Northern Virginia



Applicant: _____

High School: _____

The William J. Foreman Memorial Scholarship

Administered by: The Community Foundation for Northern Virginia

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 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 Career Center Specialist by **Friday, April 04, 2025**
 - 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 or VASA**
 - e. **Additional Information:** One additional letter of recommendation will be accepted if you have a non-family member who would like to write one.
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 Pamela White via email at pcwhite@fcps.edu to make the necessary arrangements for other options. For more information or questions, call Pamela White at 571.423.4431 or email pcwhite@fcps.edu.

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

6. To submit the scholarship application to the **College and Career Center**

INCOMPLETE AND/OR LATE APPLICATIONS WILL NOT BE CONSIDERED.

APPLICANT INFORMATION

Name _____ High School _____

Current Address _____
Street City State Zip

Applicant Telephone _____ Email _____

Birth Date _____ Gender: _____ 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 _____

OPTIONAL SCHOLARSHIP INFORMATION

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: _____
(Please print)

Date: _____

Applicant Signature: _____ **High School:** _____

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:
Teachers, 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:
Counselors, please attach a transcript, attendance record, and your letter of recommendation.**