



THE THOMAS PEYTON “TJ” BERRY MEMORIAL SCHOLARSHIP 2018-2019

INTRODUCTION

The Thomas Peyton Berry, Jr. Memorial Scholarship is a **\$1,200** scholarship established in memory of TJ Berry and his service to the community and the Henrico County Police Department. The scholarship is created to encourage and enable motivated Henrico County Public Schools seniors to pursue opportunities in public service such as law enforcement, nursing, forensic science, fire science, ROTC, and emergency service professions. Applicants must be graduating seniors planning to attend a two-year community or four-year college/university, trade, vocational or technical school.

ELIGIBILITY CRITERIA

Applicant must:

- *** Be a senior planning to pursue a program of study that will lead to a career in criminal justice and law enforcement (police officers, detectives, special agents); pursuing college ROTC with plans for a military career; nursing; forensic science: fire science; emergency service (EMT, EMS, paramedic)**
- Be a permanent U.S. citizen or permanent U.S. resident at the time of application
- Be pursuing a Standard or Advanced Studies diploma
- Be enrolled in Henrico County Public Schools for at least 4 years
- Possess a minimum G.P.A. of 2.75
- *Submit evidence of a commitment to school and community service
- Applicants pursuing college ROTC must have completed 2 years of JROTC in high school

**Criteria denotes primary focus*

APPLICATION GUIDELINES:

- Applications should be completed with care and attention to detail.
- Your essay represents you. It should be typed, double-spaced and free of grammatical errors.
- A school transcript including test scores, SAT and ACT scores must accompany the application.
- Attach a letter of recommendation from a teacher, counselor or principal.
- Scholarship funds will be paid directly to the college or university the student is attending.
- The Scholarship Screening Committee may request an interview with final candidates.
- Applications should be submitted to the high school's School Counseling Department by the date designated by the school. It is the responsibility of the student to obtain the due date.
- The scholarship will be awarded at the student's Senior Awards Assembly.

Note: Quotations from the winner's application may be used in Foundation publicity.



**THOMAS P. BERRY 'TJ'
MEMORIAL SCHOLARSHIP
2018-2019**

APPLICATION

INSTRUCTIONS: The student should complete Section I, II and III of this application and give it to his/her school counselor to complete Section IV.

I. STUDENT INFORMATION

Name _____

Address _____ City & Zip Code _____

Home Phone: _____ Student Cell Phone: _____

Name of High School Now Attending _____

List special recognition/honors/awards received:

List co-curricular activities in which you participate:

List community activities in which you participate:

List any special interests and/or hobbies you have:

Name and Location of College/University/Trade/Technical School You Plan to Attend:

Have you applied to attend? _____ Yes _____ No

Have you been accepted? _____ Yes _____ No

Total tuition and fees for the year _____

Are you applying for other scholarships? Yes _____ No _____

If yes, complete the following:

Name of scholarship (S) _____

Value: \$ _____

II. ESSAY: On a separate sheet, attach a typed, double spaced essay (not to exceed 500 words) explaining your determination and dedication for pursuing a career and vocation in public service. **Include your name and high school at the top of the page.**

III. FAMILY INFORMATION

(NOTE: If the student is in foster care or under the care of a guardian, please so indicate and substitute the appropriate information.)

Father's Name _____ Mother's Name _____

Father's Occupation _____ Mother's Occupation _____

Total Annual Income _____

Number of other children in household _____ Ages of other children in household _____

Date

Parent or Guardian Signature

IV. COUNSELOR'S INFORMATION

(Please attach a copy of the student's most up to date transcript)

Student's Current G.P.A. _____ Standing in the Class _____

Student's Latest SAT or ACT Scores: Verbal _____ Math _____

Other Appropriate Testing Information _____

CERTIFICATION

I have reviewed the information contained herein with the student and certify that it is accurate and correct to the best of my knowledge and belief.

Date

School Counselor's Signature