

## DR. JO LYNNE S. DEMARY SCHOLARSHIP 2018-2019

## **INTRODUCTION**

The Dr. Jo Lynne S DeMary Scholarship in the amount of \$1,000 is presented by the Henrico Education Foundation to assist students planning to teach mathematics, science, exceptional education or ESL. It is a fitting tribute to Dr. DeMary and her lifelong career as an educational leader at the local, state and national levels. These funds may be used for tuition, books or other school related costs and will be paid directly to the educational institution.

### **ELIGIBILITY CRITERIA:**

#### **Applicant must:**

- \*Be a senior planning to obtain a Virginia teaching license in math, science, exceptional education or ESL
- Have a financial need for the scholarship
- Be a permanent U.S. Citizen or permanent U.S. resident at the time of application
- Be enrolled in Henrico County Public Schools for at least 3 years
- Possess a minimum GPA of 3.0
- Submit evidence of leadership qualities
- Demonstrate a desire to teach in the Commonwealth of Virginia

#### **APPLICATION INSTRUCTIONS**

- Applications should be filled out with care and attention to detail.
- The scholarship will be awarded at the student's Senior Awards Assembly.
- 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 Henrico Education Scholarship Screening Committee may request an interview with final candidates.
- Applications should be submitted to the School Counseling Department by the date designated by the school. It is the responsibility of the student to obtain the due date.

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

<sup>\*</sup>Criteria denotes primary focus



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#### **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	Home Phone
Address	City & Zip Code
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 Callege // University Very District	Attand
Name and Location of College/University You Plan to A	Auenu
Have you applied to attend?YesNo	

Have you been admitted?	YesNo		
Total tuition and fees for the year			
	n a typed essay (not to exceed 500 words) detailing your eer in teaching math, science, exceptional education or ESL.		
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 hous	eholdAges of other children in household		
Are you applying for other schola	rships? Yes No		
If yes, complete the following:			
Name of scholarship (S)			
Value: \$			
	Parent or Guardian Signature		

## IV. COUNSELOR'S INFORMATION

(Please attach a copy of the student's transcript.)

Student's Current G.P.A	Standing in the Class		
Student's Latest SAT or ACT Scores:	Verbal	Math	
Other Appropriate Testing Information			
	CERTIFICAT	ION	
I have reviewed the information containe correct to the best of my knowledge and be		student and certify that it is accurate and	
 Date	Saha	ol Counselor's Signature	