



## Highland Springs High School Class of 1967 Student Scholarship

### INTRODUCTION

The Highland Springs High School Class of 1967 presents this \$1,000 scholarship to assist HSHS graduates planning to pursue a career in service in order to have an impact on the future of Henrico County. Upon successful completion of college it is expected that the recipient will return to Henrico County. Applicants must be *graduating seniors of Highland Springs High School* planning to attend an accredited college or university with plans to enter a service profession such as teaching or public safety.

### ELIGIBILITY CRITERIA

#### **Applicant must:**

- **Be a senior of Highland Springs High School with financial need planning to pursue a program of study that will lead to a service profession within Henrico County such as teacher, policeman, fireman, emergency service, etc.**
- Be a permanent U.S. citizen or permanent U.S. resident at the time of application
- Be pursuing a Standard or an Advanced Studies diploma
- **Possess a minimum GPA of 3.6**
- Submit evidence of leadership and service to school and community
- Provide evidence of involvement in co-curricular activities
- Demonstrate a desire to reside in Henrico County

### 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 and can be used for tuition, books or other school related costs.
- The Scholarship Screening Committee, consisting of a panel of at least three individuals selected by members of the Highland Springs High School Class of 1967, will interview candidates and select the scholarship recipient.
- The scholarship will be awarded at the student's Senior Awards Assembly.

#### **Completed applications should be submitted to:**

Henrico Education Foundation  
ATTN: Courtney Baytop, Programs Assistant  
P. O. Box 38488  
Henrico, VA 23231

**All applications must be received by Friday, March 29, 2019. Late applications will not be reviewed or returned.**

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



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**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 \_\_\_\_\_

List special recognition/honors/awards received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List co-curricular activities in which you participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List community service activities in which you have participated while in high school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special interests and/or hobbies you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Location of College/University You Plan to Attend \_\_\_\_\_

Have you applied? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been admitted? \_\_\_\_\_ Yes \_\_\_\_\_

Total college tuition and fees for the year \_\_\_\_\_

Are you applying for other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following:

Name of Scholarship	Amount

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

**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 transcript)

Student's Current G.P.A. \_\_\_\_\_

Standing in the Class \_\_\_\_\_

Student's Latest SAT or ACT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_

Other Appropriate Testing  
Information \_\_\_\_\_

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**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**