

VIRGINIA WALKER MEMORIAL SCHOLARSHIP APPLICATION

Deadline: FEBRUARY 1



9/2000 ... Revised 7/2008

Use this checklist to make sure you have included all materials to meet all requirements.

SCHOLARSHIP PACKET CHECKLIST



To be completed and supplied by you:

- Page 1 with this checklist
- Page 2--Personal Information
- Page 3--Academic Goals and Future Plans essay written directly on the page or typed and attached

To be completed by you and your high school official, only if you are a high school student:

- Page 4--Release of Information Form (High School Students Only)

To be completed by you and your higher education institution official:

- Page 5--Release of Information Form (Higher Education Institution)

To be provided by your references and attached to the complete application:

- Letter(s) (no more than four) requested by you from a teacher, employer, foster parent, or community member, addressing your attributes and potential for success in higher education

To be completed by family member(s), only if applicable, and attached:

- Brief letter confirming their support. See note under "Financial Information" section at bottom of Page 2.

QUESTIONS?

Call RYS at (812) 282-8479
or toll-free at 1-800-838-3008

WHAT?

The Regional Youth Services Virginia Walker Memorial Scholarship Fund provides assistance to cover costs of a technical, bachelor's, associate, master's, or doctoral degree. Scholarships are a minimum of \$500 and up to a maximum of \$5,000. The RYS Board of Directors determines the amount and number of scholarships awarded each year, which may be used only for tuition, fees, books, and room/board.

WHO?

The scholarship is open to persons of any age who have been or are currently clients of any Regional Youth Services programs. They may be current graduating seniors furthering their education and/or training or former RYS clients of all ages. Past scholarship winners may reapply each year while continuing their education/training. This scholarship is open to all clients, with no discrimination due to gender, race, age, or sexual orientation.

HOW?

Applicants must submit this complete application with all five pages plus attachments (see below) stapled together:

1. **Page 1** with this checklist
2. **Page 2**--Personal Information
3. **Page 3**-- Academic Goals and Future Plans essay written directly on the page or typed and attached
4. **Page 4**--Release of Information Form (*High School Students Only*) to be completed by you and your high school official
5. **Page 5**--Release of Information Form (Higher Education Institution) to be completed by you and your school official

Applicants must attach the following:

1. **Letter(s) of recommendation** (no more than four) from a teacher, employer, foster parent, or community member
2. **Letter from family member(s)** verifying support, if applicable, as noted in the "Financial Information" section on Page 2.

Applicants also must be available for a personal interview.

Selection is based on the quality of the interview; quality of the completed application, including autobiographical information and future goals; financial need; letters of recommendation; academic record; and employment, extracurricular, and community activities.

NOTE: *Once notified, scholarship winners will be required to submit to RYS a copy of the letter of acceptance from the educational institution before funds are sent.*

Submit the completed packet to: **RYS / Scholarship
224 E. Court Ave.
Jeffersonville, IN 47130**

WHEN?

The deadline for the *complete* application is **FEBRUARY 1**.

The scholarships will be awarded at the annual Foster Parent Appreciation Dinner in May.

PERSONAL INFORMATION

Last name _____ (Maiden name, if applicable _____)

First name _____ Middle Initial _____

Address _____ City _____ State ____ Zip _____ -- _____

Phone: Home (____) _____ Work (____) _____ / Ext. ____ Social Security Number: _____ -- _____ -- _____

CURRENT LIVING SITUATION

Check one: ___ Foster Home ___ Independent Living Other _____
___ With biological parents ___ With spouse

ACADEMIC INFORMATION

LAST HIGH SCHOOL ATTENDED School _____ Date completed: ___/___/___

Address _____ City _____ State ____ Zip _____

LAST COLLEGE ATTENDED College _____ Date of enrollment: ___/___/___

Address _____ City _____ State ____ Zip _____

SCHOOL YOU PLAN TO ATTEND School _____

Address _____ City _____ State ____ Zip _____

YOUR HISTORY WITH RYS

Your name _____ Date of RYS discharge (if applicable) ___/___/___

Your RYS program(s) _____

Name of foster parents (if applicable) _____

Name of your most recent RYS therapist/case coordinator _____

FINANCIAL INFORMATION

Your current monthly income \$ _____

Your school's cost per semester, including books, tuition, fees, etc. \$ _____

Do you plan to live on campus in a residence hall? ___ Yes ___ No
If "yes," what is the expense per semester? \$ _____

Other aid you plan to receive

Source _____ \$ _____

Source _____ \$ _____

Source _____ \$ _____

NOTE: If family members are providing money and support, please attach a brief, signed letter from them noting their relationship to you and confirming the amount of their support.

How do you plan to cover your school and living expenses that are not covered by this RYS scholarship or the other sources listed above? Please be specific.

VIRGINIA WALKER MEMORIAL SCHOLARSHIP APPLICATION



**Release of Information Form
(High School Students Only)**

Student Applicant:

Fill out this top part and take it to your high school official, allowing plenty of time for him/her to return it to you before the deadline of Feb. 1. Then attach it as part of your complete application.

Student's full name _____

Address _____

City _____ State ____ Zip _____--_____

High school _____

Address _____

City _____ State ____ Zip _____--_____

Post-high-school institution chosen: _____

I give my permission for the release of the information below to Regional Youth Services as part of my application for its academic scholarship for post-high-school education.

Signature of student/applicant _____ Date ____ / ____ / ____

Name of parent or guardian (printed) _____

Signature of parent or guardian _____ Date ____ / ____ / ____

High School Official:

Please supply this information and return this form to the student as soon as possible so he/she can meet the Feb. 1 deadline for assembling the complete application.

Grade point average to date _____ on a scale of _____

Attendance record (last three semesters) Present ____ Absent ____ Tardy ____

Class rank _____ out of _____

Extra curricular school activities and clubs:

Signature of high school official _____

Position _____ Phone (____) _____

Date ____ / ____ / ____

VIRGINIA WALKER MEMORIAL SCHOLARSHIP APPLICATION



Release of Information Form (Higher Education Institution)

Student Applicant:

Complete the top and take this to the school official, allowing plenty of time for him/her to return it before the deadline of Feb. 1.

Name _____ Social Security Number ____ -- ____ -- ____

Name of intended college, university, or technical school: _____

Address _____ City _____ State ____ Zip _____

I authorize you to release the following information to Regional Youth Services for use in my application for its academic scholarship for post-high-school education.

Signature of applicant _____ Date ____ / ____ / ____

Name of parent or guardian (printed) _____

Signature of parent or guardian _____ Date ____ / ____ / ____

School Official:

Check one, provide the information, and return the form to the student as soon as possible so he/she can meet the Feb. 1 deadline for assembling the complete application.

Thank you!

QUESTIONS?

Call RYS at (812) 282-8479 or toll-free at 1-800-838-3008

NEW STUDENT

Has the applicant been accepted for admission to your institution? ____ Yes ____ No

Has he/she been admitted as a degree-seeking student? ____ Yes ____ No

Has he/she declared a major? ____ Yes ____ No

If yes, which major? _____

RETURNING STUDENT

Has the applicant been admitted as a degree-seeking student? ____ Yes ____ No

What are the current number of credit hours he/she has completed? _____ hours

What is the applicant's grade point average? _____ on a scale of _____

What is his/her class rank? _____ out of _____

In what extra curricular/club activities has he/she participated?

Cost of education at your institution per semester:
Tuition \$ _____

Room and board, if applicable \$ _____

Amount of aid the student is currently receiving from your institution \$ _____

Is any of this aid dedicated to only one cost such as tuition? ____ Yes ____ No

If yes, indicate the specific area and cost: _____ \$ _____

School official's signature _____ Date ____ / ____ / ____

Position _____ Phone (____) _____