

APPLICATION GUIDELINES - PLEASE PRINT/TYPE

<u>Undergraduate Qualifications:</u> To qualify for a CFVI scholarship, a student must:

- be a graduate of a high school in the U.S. Virgin Islands;
- be currently enrolled in or have applied for admission to, an accredited four-year institution with a program leading to a Bachelor's degree;
- have completed at least 2 semesters of study by June 2013 with a minimum 2.5 GPA, for those scholarships that require college enrollment;
- demonstrate financial need

Proof of Financial Need:

Part II of the application includes a financial statement which shows income, expenses, debts, and other financial data. Parents, guardians and/or scholarship applicant, as appropriate, must complete this statement in order to evaluate a student's financial eligibility for scholarship aid.

FINANCIAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

| Proced | ures: This completed application MUST INCLUDE (* clear copies acceptable): |
|--------|---|
| | Virgin Islands high school diploma as applicable * |
| | Proof of U.S. Citizenship or permanent resident status * |
| | Recent passport-type photograph (Signing this form consents to use of photo in the media) |
| | Certified 2012 tax return(s) if available (a copy) or Certified 2011 tax return(s) for parents/guardians and/or |
| | student (as applicable) |
| | Most recent official high school or college transcript as applicable (copy of <u>current</u> semester grades should |
| | be submitted as soon as available) |
| | Financial aid award letter from college (if not available at deadline, submit as soon as received)* |
| | Three (3) letters of reference (an academic reference, a supervisor of an outside activity or employer, and a |
| | guidance counselor or principal if you are a high school student) |
| | The Student Aid Report (SAR) received after filing your FAFSA (Free Application for Federal Student |
| | Aid). * Be sure to include the page with the Expected Family Contribution (EFC). |
| | An essay of about 500 words written by the applicant discussing his/her passions or aspirations in life. |

NOTE: PLEASE SIGN ALL WHERE APPLICIABLE!

Completed application and <u>ALL</u> of the above documentation should be mailed to:

Scholarship Committee Community Foundation of the Virgin Islands PO Box 11790, St. Thomas, VI 00801 Phone: (340) 774-6031 Fax: (340) 774-3852

DEADLINE FOR SUBMITTING APPLICATION IS MARCH 15, 2013.

A list of scholarships will be available on our website: www.cfvi.net.



| PART I | – To | be complete | d by st | tudent. I | Please <i>print</i> | or type | all information. |
|--------|------|-------------|----------------|-----------|---------------------|---------|------------------|
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|--|-----------------------------|-----------------------|--------------|
| Place of Birth: Date | | | |
| Citizen of No Children: Yes | | - | |
| Home Phone: | | e: | |
| Email Address: | | | |
| Physical Address: | | | |
| Mailing Address: | | | |
| College Address: | | | |
| Name of school where you are currently enrolled: | | | |
| School counselor who helped you apply for this so | cholarship: | | |
| S.A.T. Score (attach a copy) Math Your AP scores from exams taken | | · · | |
| Your current rank in class is of | total number of students. | | |
| Proposed or current field of study: | | | |
| List colleges or vocational schools to which you have preference. | nave applied in order of pr | reference with #1 bei | ng your firs |
| 1 | Accepted | Don't know | No |
| 2. | Accepted | Don't know | No |
| | | 75. 4.4 | |
| 3 | Accepted | Don't know | No |
| | | Don't know | |
| 3 | Accepted | | No |

Signature of Applicant



Proposed Budget of Applicant for 2013/2014 Academic Year (must be completed)

| A. STUDENT'S AVAILABLE FUNDS: | |
|--|---|
| Annual family contribution | 5. Total Student loans |
| 2. Student earnings, summer | 6. Scholarships/grants etc. |
| 3. Student earnings, school yr | 7. Other funds |
| 4. Student savings | (Explain) |
| TOTAL A (Sum of 1-7) | |
| B. EXPECTED EXPENSES: | |
| 1. Tuition (annual) | 4. Fees & Dues |
| 2. Room & Board | 5. Travel |
| 3. Books & Supplies | 6. Other expense |
| | (Explain) |
| TOTAL B (Sum of 1-6) | |
| FUNDING NEEDED: (cubtract Total R f | rom Total A): \$ |
| | |
| List financial aid/grants/scholarships you | have received or for which you have applied |
| 1 | \$ applied received |
| 2 | \$ applied received |
| 3 | \$ applied received |
| 4 | \$ applied received |
| 5 | \$ applied received |
| List loans received or for which you hav | e applied |
| 1 | \$ applied received |
| 2 | \$ applied received |
| | \$ applied received |
| | \$ applied received |
| | \$ applied received |
| List funds available from any other source n | ot listed above |
| 1 | per yea |
| 2 | \$ per yea |
| 3 | \$ per yea |
| 4. | \$ per yea |



| Will you work this summer? Yes"/"No Where |
|--|
| If yes, how much will you earn? \$ (enter on page 3) |
| If you will not be working this summer, what will you do? |
| |
| |
| |
| |
| Will you work during the school year? Yes / No Where |
| If yes, how much will you earn? \$ (enter on page 3) |
| |
| List last 3 or 4 places of employment |
| |
| |
| |
| List all extracurricular activities, including community service: |
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| Discuss the one activity that means the most to you. |
| Discuss the one activity that means the most to you. |
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| Please submit an essay of about 500 words discussing your passions or aspirations in life. |
| If granted an award, I understand that I must notify the Scholarship Committee of any changes in my financial nee including receipt of any financial aid or scholarships. I have a moral obligation to advise the Scholarship Committee so that that grant may be used to assist some other deserving and needy student. |
| Signature: Date: |
| (Applicant <u>must</u> sign in order to qualify) |

CONFIDENTIAL

PART II - To be completed by parents, guardians or applicant where appropriate.

| Name of student for w | hom applicatio | on is made | | |
|--------------------------|------------------|----------------------------|------------------------------|----------------|
| Does student receive S | Social Security | Benefits? Yes / No | \$ | per year |
| How long is the applic | ant eligible for | the above benefits? | Years or | months |
| Father or Male Guar | dian: | | | |
| Address: | | 7 | Telephone: | |
| Occupation: | | Employe | er: | |
| Employer's Address: _ | | | | |
| Citizen of | | Years Re | esided in the Virgin Islands | |
| Total earnings of fathe | er or male guard | dian for 2012 (before tax | es) \$ | |
| Anticipated earnings for | or 2013 before | taxes: \$ | | |
| | | | | |
| Mother or Female Gu | uardian: | | | |
| Address: | | | Telephone: | |
| Occupation: | | Employer: | | |
| Employer's Address: _ | | | | |
| Citizen of | | Years Resid | ed in the Virgin Islands | |
| Total earnings of moth | ner or female gu | uardian for 2012 (before | taxes) \$ | |
| Anticipated earnings for | or 2013 before | taxes: \$ | | |
| | | | | |
| Dependent children of | parents (or of | applicant, if applicant is | financially independent): | |
| <u>Name</u> | <u>Age</u> | School | Tuition/fees | Parent's Share |
| | | | | |
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| Home: Own | Rent | Monthly pay | ment | |
|--------------------|------------------------------|--------------------------|---------------------------|--|
| Mortgage balance | \$ | _ | | |
| Car (1): Own | Lease | Monthly pay | ment \$ | |
| Car (2): Own | Lease | Monthly payment \$ | | |
| Outstanding Loans | | Monthly payments | # Months remaining to pay | |
| | | | | |
| | | | | |
| | | | | |
| | it Cards, or Education Loans | • | Dalaman ¢ | |
| | | | Balance: \$ | |
| To Whom Owed: | | | Balance: \$ | |
| Present market val | ue home (if own): | \$ | | |
| Present market val | ue of all other real estate: | \$ | | |
| Present market val | ue of any other investments | (Stocks, bonds, etc.) \$ | | |
| Total Annual Rent | al Income \$ | | | |
| | | | | |
| Bank Accounts: | | | | |
| | | Bank: | | |
| Checking: \$ | | | | |
| | | | | |
| \$ | | Bank: | | |
| \$ Savings: \$ | | Bank:Bank: | | |



| Please use the space below to pro need for financial aid: | vide additional information or explanation helpful in determining |
|---|---|
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| | |
| Signature of parents and/or guard | ans (or applicant if financially independent): |
| Name:(Please Print) | Signature: |
| Name:(Please Print) | Signature: |
| Date: | |

REMINDER: This form, along with all supporting documents, must accompany the student's completed application. All must be mailed to:

Scholarship Committee Community Foundation of the Virgin Islands P.O. Box 11790, St. Thomas, VI 00801 Phone: (340) 774-6031 Fax: (340) 774-3852