

2017 FARY MEMORIAL SCHOLARSHIP APPLICATION

1. NAME: _____ 2. PHONE: _____
 LAST FIRST MIDDLE

3. MAILING ADDRESS: _____
 Street/P.O. Box City/Town State Zip

4. EMAIL ADDRESS (where you wish to receive important and time sensitive information throughout the application process):

4a. COUNTY AND ACTUAL MAGISTERIAL* DISTRICT OF RESIDENCE: _____
 *(e.g.: JAMES CITY COUNTY – STONEHOUSE DISTRICT; YORK COUNTY – BRUTON DISTRICT)

4b. YEARS RESIDED IN ELIGIBLE COUNTY: _____ 4c. Are you a United States citizen? _____

5. DATE OF BIRTH: _____ 6. GENDER: _____

7. NAME OF FATHER/GUARDIAN: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ DAYTIME TELEPHONE: _____

8. NAME OF MOTHER/GUARDIAN: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ DAYTIME TELEPHONE: _____

9. APPLICANT RESIDES WITH: BOTH PARENTS FATHER MOTHER

10. OTHER DEPENDENTS IN HOUSEHOLD:

NAME OF DEPENDENT	AGE	NAME OF COLLEGE, IF APPLICABLE

11. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO IF "YES", PLEASE PROVIDE DETAILS:

12. HAS YOUR LICENSE TO OPERATE A MOTOR VEHICLE EVER BEEN REVOKED OR SUSPENDED?
 YES NO IF "YES", PLEASE PROVIDE DETAILS BELOW:

B- EXTRACURRICULAR, NON-SCHOOL ACTIVITIES: Please list in the order of importance to you. Include volunteer activities in your community, church, etc.

ACTIVITY	GRADE LEVEL				TIME SPENT		POSITION HELD, AWARD/HONOR WON
	9	10	11	12	WKS/ YR	HRS/ WK	

C. EMPLOYMENT EXPERIENCE:

NAME OF EMPLOYER	POSITION HELD	DATES EMPLOYED

16. REFERENCES:

List the names and addresses of three people whom you wish to write a Letter of Recommendation for you. (The applicant must ask each person and must supply to him/her the necessary form.) The three Letters of Recommendation must include either (a) two letters from current or former high school academic instructors OR (b) one letter from a high school guidance counselor, high school appointed advisor, or high school principal and one letter from a current or former high school academic instructor. The remaining Letter of Recommendation may be from any other person of your choice. Download and print 3 copies of the recommendation form here: [Recommendation Form](#).

NAME OF REFERENCE	ADDRESS	RELATIONSHIP TO APPLICANT