

2021 FARY MEMORIAL SCHOLARSHIP APPLICATION

1. NAME:

Last First Middle

2. STUDENT CELL:

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:

EMPLOYER:

DAYTIME TELEPHONE:

8. NAME OF MOTHER/GUARDIAN:

OCCUPATION:

EMPLOYER:

DAYTIME TELEPHONE:

9. APPLICANT RESIDES WITH: BOTH PARENTS FATHER MOTHER OTHER

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 HAS YOUR LICENSE TO OPERATE A MOTOR VEHICLE EVER BEEN REVOKED OR SUSPENDED?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:

APPLICANT NAME :

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	RELATIONSHIP TO APPLICANT

AUTHORIZATION TO RELEASE INFORMATION and CERTIFICATION

I authorize all personnel of my high school to provide information the Fund may request concerning my status as a student, such as whether I am a full-time student, number of course hours I am taking, date of expected graduation, my current mailing address, the grades I have achieved, and any other pertinent information requested.

I hereby certify that all information provided in this application is correct and complete to the best of my knowledge and belief and that all essays submitted with this application were prepared and written solely by me.

I also understand that it is solely my responsibility to submit by the stated deadlines, all components of the application, including all supporting reports and documentation. I further understand that solely I am responsible for the timely submission of the three letters of recommendation, the school counselor report and my transcript, even though those items are sent by my recommenders and school counselor.

Electronic Signature of Applicant

Date: