

Fary Memorial Scholarship Fund

P.O. Box 485, Tappahannock, VA 22560

Requirements

1. Current high school senior, U.S. citizen, and resident for at least the previous two years in any of the following counties, listed by district:
 - a. NORTHERN DISTRICT: Essex, King George, Westmoreland, Lancaster, Northumberland and Richmond
 - b. CENTRAL DISTRICT: Caroline, King and Queen, Gloucester, Mathews and Middlesex
 - c. SOUTHERN DISTRICT: Charles City, James City–Stonehouse Magisterial District only, King William, New Kent and York–Bruton Magisterial District only
2. Cumulative high school GPA of 3.5 or higher AND combined SAT score (Critical Reading and Math) of 1100 or higher or ACT Composite score of 24 or higher.

How to Apply

1. Apply using our [Online Application](#). **Application deadline is Monday, January 16, 2017 at 11:59 PM.**
2. The following items are additional components of the application that must be sent by the applicant to the Fary Memorial Scholarship Fund at the above address in ONE envelope via U.S. Mail and must be **postmarked on or before January 16, 2017**:
 - a. Recommendations: Three (3) recommendations are required and must include either (i) two letters from current or former high school academic instructors OR (ii) one letter from a high school guidance counselor, appointed advisor or principal and one letter from a current or former high school academic instructor. The remaining recommendation may be from any other person of the applicant's choice. Download and print three (3) copies of the recommendation form here: [Recommendation Form](#).
 - b. FAFSA Student Aid Report (SAR): Demonstrated financial need is an important component of the Fary Memorial Scholarship selection process. All applicants must submit to the Scholarship Fund a copy of their FAFSA Student Aid Report (SAR) showing their Excepted Family Contribution (EFC). Submit your FAFSA application online at www.fafsa.gov well in advance of the scholarship application deadline to allow sufficient time to receive your Student Aid Report (SAR).
 - c. Test Scores: SAT and/or ACT score reports. Unofficial score reports are acceptable.
 - d. Parent Statement (OPTIONAL): If a parent/legal guardian of an applicant wishes to submit a statement of unusual or extraordinary circumstances for the scholarship committee(s) to consider, a form is available for download here: [Parent Statement](#).
3. Transcript: All applicants must request that their guidance counselor send a School Counselor Report and high school transcript, including first trimester/semester senior year grades directly to the Fary Memorial Scholarship Fund. Download and print the School Counselor Report form here: [School Counselor Report](#). The envelope containing the report and transcript must be sent directly from the counselor and must be **postmarked on or before February 21, 2017**.

IT IS SOLELY THE RESPONSIBILITY OF THE APPLICANT TO COMPLETE AND SUBMIT BY THE ABOVE DEADLINES ALL INFORMATION REQUIRED BY THE APPLICATION.

Interviews

In early March, the District Committees will select applicants for interviews that will take place on Sunday, March 26, 2017. If you are invited for a district interview, you must be available for an interview on that date. If you are unavailable, you will be disqualified from consideration for a scholarship.

Following the District level interviews, the committees will recommend that the most competitive candidates be invited to interview with the Finalist Committee on Sunday, April 23, 2017. If you are invited for a finalist interview, you must be available for an interview on that date. If you are unavailable, you will be disqualified from consideration for a scholarship. Finalist candidates must also send to the Scholarship Fund by April 15 the acceptance letters from the colleges the candidates are considering, together with all institutional and outside financial aid/scholarship awards from all sources. Finalist candidates will be notified of the decision of the Finalist Committee before May 1, 2017.

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:

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	ADDRESS	RELATIONSHIP TO APPLICANT

2017 FARY MEMORIAL SCHOLARSHIP APPLICATION ESSAYS

APPLICANT NAME: _____

Please respond to Parts A, B and C, each response being 500 words or less

PART A

- 1. WHAT ACTIONS, ACHIEVEMENTS AND/OR ASSOCIATIONS HAVE MADE YOU THE PERSON YOU ARE?**

2017 FARY MEMORIAL SCHOLARSHIP APPLICATION ESSAYS

APPLICANT NAME: _____

PART B

1. TELL US ABOUT YOUR MOST MEANINGFUL LEADERSHIP EXPERIENCE IN SCHOOL OR IN YOUR COMMUNITY. WHAT DID YOU LEARN ABOUT YOUR OWN INDIVIDUAL STRENGTHS AND WEAKNESSES THROUGH THIS EXPERIENCE?

2017 FARY MEMORIAL SCHOLARSHIP APPLICATION ESSAYS

APPLICANT NAME: _____

PART C - Select **ONE** of the following:

1. CHOOSE A WORK OF ART, A BOOK OR A MUSICAL COMPOSITION AND EXPLAIN HOW IT HAS IMPACTED YOUR LIFE OR HELPED DEFINE WHO YOU ARE.
2. WHAT DO YOU SEE AS THE GREATEST PROBLEM (e.g. ECONOMIC, POLITICAL OR SOCIAL) FACING OUR NATION TODAY? EXPLAIN HOW YOU WOULD TRY TO SOLVE THE PROBLEM.

PART III: 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.

Furthermore, I understand that if I am granted an interview by either the District Committee on March 26, 2017 and/or the Finalist Committee on April 23, 2017, I will be disqualified from consideration for a scholarship if I am unable to attend my scheduled interview.

Electronic Signature of Applicant _____ Date: _____

APPLICANT NAME: _____

OPTIONAL PARENT STATEMENT
(COMPLETED BY PARENT/GUARDIAN)

UPON COMPLETION, THIS FORM MUST BE PLACED IN A SEALED ENVELOPE AND INCLUDED IN THE PACKAGE WITH THE APPLICANT'S LETTERS OF RECOMMENDATION, FAFSA REPORT AND TEST SCORES, WHICH MUST BE POSTMARKED BY JANUARY 16, 2017.

ALL INFORMATION PROVIDED ON THIS FORM WILL BE HELD IN CONFIDENCE BY THE SCHOLARSHIP TRUSTEE, ADMINISTRATOR AND COMMITTEE MEMBERS.

PLEASE TYPE OR PRINT IN BLACK INK.

Parent/Guardian Name(s): _____

IN THE SPACE BELOW, PLEASE DISCUSS ANY UNUSUAL OR EXTRAORDINARY PERSONAL, FAMILY OR FINANCIAL CIRCUMSTANCES YOU WISH TO SHARE WITH THE SCHOLARSHIP COMMITTEES.

I hereby certify that the foregoing statement is true and complete to the best of my knowledge and belief.

Parent/Guardian Signature _____ Date _____

THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY
MEMORIAL SCHOLARSHIP
P.O. Box 485, Tappahannock VA 22560

LETTER OF RECOMMENDATION

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. **REMEMBER**, 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. Reference will return the completed letter to you in a sealed envelope. All three Letters of Recommendation must be mailed to the Fund with your FAFSA SAR Report in a single package and must be postmarked by **JANUARY 16, 2017**.

NAME OF APPLICANT: _____

NAME OF REFERENCE: _____

RELATIONSHIP TO APPLICANT: _____

ADDRESS OF REFERENCE: _____

TO REFERENCE:

The applicant named above has applied for a scholarship from The Fary Memorial Scholarship Fund. The scholarship is a competitive, four-year scholarship awarded only to the best of the applicants. Your opinion will be given considerable weight; consequently, your attention to a thoughtful completion of this form is very important.

Please complete and return the form to the applicant in a **SEALED** envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your sealed reference with other material he/she will mail to the Fund. For purposes of clarification, the Trustee may contact any person submitting a recommendation for the applicant.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITHOUT RESERVATION**
- RECOMMEND THE APPLICANT WITH SOME RESERVATION**
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION**
- DO NOT RECOMMEND THE APPLICANT**

(1)

Applicant: _____

PART I:

PLEASE RATE THE APPLICANT ON THE FOLLOWING QUALITIES. RATE ONLY THE QUALITIES OF WHICH YOU HAVE DIRECT KNOWLEDGE.

QUALITY	NOT OBSERVED	LESS THAN SATISFACTORY	SATISFACTORY	EXCELLENT	OUTSTANDING
SCHOLASTIC ABILITY					
CITIZENSHIP					
MOTIVATION					
ORGANIZATIONAL SKILLS/WORK HABITS					
COMMUNICATION SKILLS					
LEADERSHIP POTENTIAL					
RELATIONSHIPS WITH PEERS					
OTHER (IDENTIFY)					

PART II:

Please TYPE responses to the following on separate 8½ X 11 plain paper. On each sheet, identify the applicant and item. The responses must be attached to this form.

- 1. DESCRIBE THE LENGTH OF TIME AND CONTEXT IN WHICH YOU HAVE KNOWN THE APPLICANT.**
- 2. DESCRIBE THOSE OBSERVATIONS OF THE APPLICANT THAT HAVE LED YOU TO RECOMMEND THIS PERSON FOR A FARY MEMORIAL SCHOLARSHIP. GIVE SPECIFIC EXAMPLES.**

SIGNATURE: _____ **TITLE:** _____

Telephone number (optional): _____

THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY
MEMORIAL SCHOLARSHIP
P.O. Box 485, Tappahannock VA 22560

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THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY
MEMORIAL SCHOLARSHIP
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SIGNATURE: _____ **TITLE:** _____

Telephone number (optional): _____

THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY
MEMORIAL SCHOLARSHIP

SCHOOL COUNSELOR REPORT AND OFFICIAL TRANSCRIPT REQUEST

FOR THE APPLICANT TO COMPLETE:

Applicant Name: _____

Mailing Address: _____

Home Phone: (____) _____

I recognize the confidential nature of this document and I Do Do Not waive the right to access this information.

Applicant's Signature _____ **Date** _____

FOR THE COLLEGE COUNSELOR OR GUIDANCE COUNSELOR TO COMPLETE:

Counselor Name: _____ **Title:** _____

School Name: _____

School Address: _____

Counselor Telephone: (____) _____ **Counselor Email:** _____

Does your school rank students? Yes No If yes, this applicant ranks _____ in a class of _____

Has the applicant ever been found responsible for a disciplinary violation at your school, whether related to academic misconduct or behavioral misconduct that resulted in the applicant's probation, suspension, removal, dismissal or expulsion from your institution? Yes No

Counselor Signature _____ **Date** _____

TO THE COUNSELOR:

Please mail this completed report and the student's transcript, INCLUDING FIRST TRIMESTER / SEMESTER GRADES TO:

Fary Memorial Scholarship Fund, P O Box 485, Tappahannock VA 22560-0485, postmarked no later than February 21, 2017