



JARROD B. SHIVERS MEMORIAL SCHOLARSHIP

(A component fund of The Southeast Virginia Community Foundation)

(Please Write Legibly)

Applicant Name: _____

Home Phone _____ Work Phone _____

Gross household income shown on your most recent Federal Income Tax return
\$ _____ Indicate Year of Tax return used _____

Number of dependents (excluding yourself): _____

Applicant Signature Date

____ I am a police officer
____ I am the _____ of Officer _____
in the City of _____

I am enrolled or plan to be enrolled at _____

Name: _____ Date of Birth: _____

Student ID #: _____

Home Phone: _____ Other Phone: _____

Home Address: _____

Provide a brief narrative giving your reason(s) for applying for the Jarrod B. Shivers Memorial Scholarship.



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My goal is to _____

List scholarship(s) and financial aid promised or received

From

\$ Amount

Provide the following:

1. List of honors and awards (please attach)
2. Describe your work history, volunteer history (or attach a list)

3. Describe your involvement in school activities (or attach a list)

Required attachments:

- Two Letters of Recommendation (from an educator knowledgeable of the student; a personal letter of recommendation; a professional recommendation).
- Most recent report card or grade point certification from school official required (if available).

Applicant's Signature

Date

RETURN APPLICATION TO: The Southeast Virginia Community Foundation, 5800 High Street West, Portsmouth, VA 27303

DUE DATE: September 15, 2010