**Henrico County Council of PTAs**

**George H. Moody Scholarship**

January 15, 2019

Dear School Counselors,

The enclosed application for the Henrico County Council of PTAs’ George H. Moody Scholarship for 2019 is presented in honor of George H. Moody, former superintendent of Henrico County Public Schools. The scholarship is based on financial need, academic achievement, recommendations, and school/community activities. Scholarship applicants must be a member of their home school PTSA.

We are pleased to offer this scholarship to graduating seniors from Henrico County Public Schools with an active PTSA in good standing, who are planning to pursue further study or training beyond high school. Each year the number of scholarships and the amount of each scholarship is dependent on the donations made to the scholarship fund by our local PTA/PTSA units. In 2019, one scholarship will be awarded per HCCPTA affiliated high school.

Counselors, feel free to duplicate this information and provide no more than three (3) candidates to the address below. Please stress the importance of having all required documents attached when the applications are submitted. ***Applications without the required documents will be dismissed from consideration***.

Send completed application by ***March 30, 2019, to:***

Henrico County Council of PTAs

Attention: Stephanie Thornton, Scholarship Chair

7919 Capistrano Dr.

Richmond, Virginia 23227

Recipients will be notified via email and US mail in the week of April 24, 2019. A list of all recipients will be mailed to all high school counseling offices. The scholarship awards will be presented at The Henrico County Council of PTAs’ Annual Banquet to be held at 6:00 p.m. on Monday, May 21, 2019 at Henrico High School.

Please contact me with any questions. Henrico County Council of PTAs looks forward to awarding this scholarship to deserving graduating seniors in search of advancing their education.

Sincerely,

Stephanie Thornton, Scholarship Chair

Henrico County Council of PTAs

(804) 299-9502

scholarship@hccpta.com

**Henrico County Council of PTAs**

**George Moody Scholarship Fund**

***2018-2019 Application***

***General Information***

The Henrico County Council of PTAs George H. Moody Scholarship is intended to promote and encourage students’ dreams of an education beyond high school when there is a financial need.

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Home address: |  |
|  |  |

|  |  |
| --- | --- |
| Email address: |  |

|  |  |
| --- | --- |
| Home Phone #: |  |
| Cell phone #: |  |

|  |  |
| --- | --- |
| Current High School: |  |

College/university/trade school/program you plan to attend.

*If the decision is pending, list all colleges/programs to which you have applied and/or been accepted.*

|  |
| --- |
|  |
|  |
|  |

Financial assistance applied for (list all scholarships and grants). Note any scholarships/assistance received at this time.

|  |
| --- |
|  |
|  |
|  |

Provide a brief statement explaining your financial needs.

|  |
| --- |
|  |
|  |
|  |

***Activities***

*List community activities/experiences*

Organization /office(s) held /when (dates) hours/week

|  |
| --- |
| *(e.g. 4-H Club, secretary, 2015-2018, 3 hours/week)* |
|  |
|  |
|  |
|  |
|  |

*List academic honors received*

Honor/ date

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

*List work experiences*

Employer type of work/ when (dates) hours/week

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

*List school activities/clubs/other extracurricular experiences*

|  |  |  |
| --- | --- | --- |
| **organization/club** | **offices held** | **when (dates)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Other Requirements**

***Personal Statement***

Please attach a personal statement (***maximum 500 words***) to this application. The statement **must** be included to be eligible for consideration. The statement should be typed and double-spaced.

Your statement should explain how your life experiences have helped you grow and develop, your dreams and goals for the future, and why you believe receiving this scholarship will help you achieve these goals. Explain your need for scholarship assistance and plan for financing your continuing education. Be creative!

***PTA/PTSA membership***

Please attach a copy of your PTA/PTSA membership card for the 2018-2019 school year. Your current PTA/PTSA membership card **must** be included to be eligible for scholarship consideration.

***Recommendation***

Please attach **one** letter of recommendation. This may be from a mentor, teacher, guidance counselor or school official. A recommendation **must** be included to be eligible for consideration.

***Transcript***

Please attach your official high school transcript. An official transcript **must** be included to be eligible for consideration.

***Parental/Guardian Information***

Once the Parental/Guardian Information sheet is completed, it should be placed in a sealed envelope and turned in with the completed application. The Parental/Guardian Information sheet **must** be included to be eligible for consideration.

**Parental/Guardian Information**

*To be completed by parent/guardian with whom the applicant resides. Please print or type.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian 1, relationship to applicant: | |  | | |
| Name: |  | Occupation: | |  |
| Annual adjusted income reported on 2017 Form 1040: | | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Guardian 1, relationship to applicant: | |  | | |
| Name: |  | Occupation: | |  |
| Annual adjusted income reported on 2017 Form 1040: | | |  | |

|  |  |
| --- | --- |
| Total annual income (from all sources): |  |

|  |  |
| --- | --- |
| With whom does the student reside? |  |

List number and ages of dependent children in household, including applicant:

|  |
| --- |
|  |
|  |
|  |
|  |

======================================================================

My signature below certifies that all information on this application is true and correct. I understand that knowingly giving false information on this application will result in its immediate removal from consideration. I understand that information I provide will be verified. I furthermore understand that the HCCPTA’s George H. Moody Scholarship is a need-based scholarship, and I do believe that I am eligible and have included all necessary paperwork.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature Date

Applicant checklist:

|  |  |  |
| --- | --- | --- |
| ***Application includes:*** | |  |
|  | Letter of recommendation | |
|  | Personal statement | |
|  | Official school transcript | |
|  | Copy of PTA/PTSA card | |
|  | Returned to counselor by their designated date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |