



Virginia Commonwealth ChalleNGe Youth Academy



SCHOLARSHIP APPLICATION

1. Name: _____ 2. Date: _____

3. Address: _____

4. Last four of SSN: _____ / DOB: _____

5. Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

6. 1st GED Score: _____ 2nd GED Score: _____ (if applicable)

7. Class Number / Date of Graduation from ChalleNGe: _____ / _____

8. Awards earned during the residential phase: _____

9. ChalleNGe memberships/activities: _____

(Sample: SCA, Drill Team, basketball team, newspaper staff, etc.)

10. College / University attending or enrolled: _____

Address: _____

Date your classes start: _____ Session: (Fall/Spring/Summer/Winter) _____

11. Type of degree you are pursuing: _____ Full time or Part-time student: _____

12. Will you enroll in R.O.T.C.? YES ____ NO ____

13. Describe your educational objectives: _____

14. When do you expect to receive your degree or certificate (indicate which Associate/ Bachelor's etc)

15. Have you previously applied for a scholarship from Commonwealth ChalleNGe? ____

If yes, When? _____

16. Write a brief statement describing your financial needs (why you are requesting aid and the total amount you are requesting). Include in your statement all other scholarship or financial assistance you have already received. _____

17. All applicants are required to submit two letters of recommendation with the application form (mentor, educator, and challenge staff).



Virginia Commonwealth ChalleNGe Youth Academy



SCHOLARSHIP APPLICATION

18. Are you currently in college/university? _____ if yes, then you are required to also attach a copy of your transcript.

19. **The following information is required when applying for the scholarship and must be attached to the application:**

- a. Acceptance letter from the College or University or educational institution
- b. Copy of the tuition and classes registered for
- c. Student ID number
- d. College mailing address, (to whom the scholarship will be payable to and mailed to)

THESE ITEMS MUST BE RECEIVED PRIOR TO PROCESSING THE SCHOLARSHIP APPLICATION.

APPLICATIONS AND REQUIRED DOCUMENTS ARE TO BE SENT TO:

**DEPUTY DIRECTOR
COMMONWEALTH CHALLENGE
SMR/Camp Pendleton
253 C Street
VIRGINIA BEACH, VIRGINIA 23451**

My signature on this application indicates that all information given is true and factual. Further, it gives the Scholarship Committee Chairperson permission to check on any or all information contained therein. Should any information prove to be false, I must return all funds received from Commonwealth Challenge in regards to the scholarship, at once. Further, if I fail to complete any course work paid for by this scholarship, for other than academic reasons, I will immediately refund the Commonwealth ChalleNGe Program the full amount of the scholarship.

_____ Date: _____

Signature of applicant

State of _____ County/City of _____ to wit:
Subscribed and sworn before me this _____ day of _____, 20__
_____ Commission ID _____ My commission expires _____, 20__

Signature of Notary Public

Notary public seal