



## JUNIOR LEAGUE OF HAMPTON ROADS VOLUNTEER SCHOLARSHIP APPLICATION 2025

The Junior League of Hampton Roads - founded in 1956 - is an organization of women whose mission is to advance women's leadership for meaningful community impact through volunteer action, collaboration, and training. Its purpose is exclusively educational and charitable. The JLHR Volunteer Scholarship was established in 2018 with the goal of supporting the volunteer potential of our community's youth by awarding one or more scholarships ranging from \$500 - \$3000+ to high school young women who demonstrate outstanding volunteer performance in the community.

Candidates for the Volunteer **Scholarship must meet the following requirements:**

1. Must be a graduating, female senior, who has earned a cumulative grade point average of at least 3.0
2. Must be enrolled as a student, public or private, in Hampton, Newport News, York County, Williamsburg-James City County, Poquoson, Smithfield, Isle of Wight, or Gloucester.
3. Must enroll as at least a half-time student in an eligible educational institution, defined as a school offering higher education beyond high school for the fall of 2025. Eligible institution is defined as **it is** any college, university, trade school, or other post-secondary educational institution eligible to participate in a student aid program run by the U.S. Department of Education. This includes most accredited public, nonprofit and privately-owned-for-profit postsecondary institutions.
4. Must be involved in a volunteer capacity in the community. Volunteer work must be separate from any school requirement.

### Application Procedures:

1. Complete the application, including the Scholarship and Photo Release Consent, Volunteer Experience Log, Application Questions, Volunteer Supervisor Recommendation Form, and Teacher or Adult Mentor Recommendation Form. The application must be completed in its entirety – all questions must be answered.
2. Submit your application to the Junior League of Hampton Roads.

Applications must be received no later than **Wednesday, April 30<sup>th</sup>, 2025 at 11:59 pm** to:  
[vpcommunity@jlhamptonroads.org](mailto:vpcommunity@jlhamptonroads.org)

OR

Mail to JLHR Headquarters:  
ATTN: Scholarship Committee  
729 Thimble Shoals Boulevard, Suite 4-D  
Newport News, VA 23606

By submitting this application, applicants agree to authorize schools and volunteer organizations to submit information to the Junior League of Hampton Roads.

Scholarship winner(s) must provide verification of enrollment. Scholarship award check will be made out to the institution/recipient by the JLHR.

Scholarship recipients will be notified by May 15<sup>th</sup>, 2025 via email.



# JUNIOR LEAGUE OF HAMPTON ROADS VOLUNTEER SCHOLARSHIP APPLICATION 2025

Applicant Name: \_\_\_\_\_  
Last First Middle

Applicant Address: \_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip

Applicant Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Current High School: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip

Telephone: \_\_\_\_\_  
\_\_\_\_\_

Cumulative Grade Point Average (specify weighted or unweighted): \_\_\_\_\_  
\_\_\_\_\_

**School Counselor Verification Signature:** \_\_\_\_\_

Name of Intended Institution (if undecided, please provide a list of schools you are considering):  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Relationship

Address: \_\_\_\_\_  
\_\_\_\_\_  
Street City State Zip

Parent/Guardian Telephone: \_\_\_\_\_  
Parent/Guardian Email: \_\_\_\_\_

I affirm that the information provided in this application is true and complete to the best of my knowledge. I consent to the verification of information contained in my application.



Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

\* Applicant *should not* include the following: transcripts, SAT scores, or personal résumé. \*



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## VOLUNTEER EXPERIENCE LOG

Please complete the chart below with a summary of your volunteer experience. All volunteer work eligible for consideration must be completed within the past four years (i.e., 9<sup>th</sup> grade through 12<sup>th</sup> grade). Please also note if your volunteer work was done for credit.

Name of Activity	Location	Contact Name & Phone *	Dates Involved	# Hours Per Week	Total Volunteer Hours	Credit Received (yes/no)

\* I, \_\_\_\_\_, hereby authorize those persons indicated to release information concerning \_\_\_\_\_ my \_\_\_\_\_ volunteer \_\_\_\_\_ activities.

Name of Student Applicant



# **JUNIOR LEAGUE OF HAMPTON ROADS VOLUNTEER SCHOLARSHIP APPLICATION 2025**

## **APPLICATION QUESTIONS**

Please answer the following questions:

1. Please describe your volunteer experience in detail (as referenced on the Volunteer Experience Log). The Junior League of Hampton Roads historically focuses its efforts on women, children, and training. This year the identified Impact Areas for the community are family services and education. If you have experience in these areas, please be sure to highlight below.





# JUNIOR LEAGUE OF HAMPTON ROADS VOLUNTEER SCHOLARSHIP APPLICATION 2025

## VOLUNTEER SUPERVISOR RECOMMENDATION FORM

The Junior League of Hampton Roads wishes to recognize young people who have demonstrated an exceptional interest in voluntarism and academic success. As an adult involved directly with \_\_\_\_\_ please complete this form with information regarding this student's  
Student Applicant  
volunteer activities. Please include a description of the activity, related responsibilities, time involved, and personal qualities of the student which contributed to her successful community participation.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: \_\_\_\_\_

### DESCRIPTION OF APPLICANT STUDENT'S VOLUNTEER WORK:

I hereby authorize the person indicated above to release additional information concerning my volunteer activities.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



# **JUNIOR LEAGUE OF HAMPTON ROADS VOLUNTEER SCHOLARSHIP APPLICATION 2025**

## **TEACHER OR ADULT MENTOR RECOMENDATION FORM**

*Suitable references include teachers, clergy or church staff, employers, or coaches.*

The Junior League of Hampton Roads wishes to recognize young people who have demonstrated an exceptional interest in voluntarism and academic success.

Please share how you know the applicant and why they should receive a scholarship for their work in the community.

\_\_\_\_\_  
Signature of Recommender \_\_\_\_\_ Date \_\_\_\_\_



# JUNIOR LEAGUE OF HAMPTON ROADS VOLUNTEER SCHOLARSHIP APPLICATION 2025

## SCHOLARSHIP AND PHOTO RELEASE CONSENT FORM

*To be considered for the scholarship, this consent form must be submitted with the application and signed by **both** the student applicant and a parent/guardian.*

The Junior League of Hampton Roads, Inc. will invite the scholarship recipient to our Annual May Dinner on May 14<sup>th</sup> to be recognized and photographed with members of the League. This photograph may be used on our website, social media websites, and/or placed on display within our Headquarters.

I, \_\_\_\_\_, hereby acknowledge that:  
Student Applicant

1. The information contained within this application is both true and correct.
2. I give my permission for the information within my scholarship application to be shared with individuals associated with and the members of The Junior League of Hampton Roads, Inc.
3. I release to The Junior League of Hampton Roads, Inc. the right to use my name, photograph, and other information contained within this application on the Junior League of Hampton Roads, Inc. website ([www.jlhr.org](http://www.jlhr.org)), social media websites, publications, reports, and/or press releases.

\_\_\_\_\_  
Signature of Student Applicant

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Student Applicant

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date