

The Joyce and Thomas Moorehead Foundation

Scholarship Application

2016-2017

Please mail all materials to the following address:

Scholarship Selection Committee 2016-2017
c/o The Joyce and Thomas Moorehead Foundation
BMW of Sterling
21826 Pacific Blvd.
Sterling, VA. 20166

Any questions please send to BoyceW25@gmail.com

All Application materials must be “POSTMARKED” by the application deadline of March 1, 2017.

Incomplete and late application packets will not be considered.

Please ensure your application packet includes the following:

- ☐ Typed/handwritten application (blue/black ink only)
- ☐ Official high school transcript (including SAT or ACT scores)
- ☐ Typed, 500-word essay addressing one of the 2016 essay topics. **Please proofread carefully.**
- ☐ Counselor Evaluation Form (see attached)
- ☐ Resume (Highlighting educational background, work/volunteer history, extracurricular activities, honors, skills, etc.).

This page does not need to be included in the application packet.

JTMF Scholarship Application

2016-2017

Applicant Information

Name		
Street Address		
City ST ZIP Code		
Home Phone		
Cell Phone		
E-Mail Address		
Date of Birth		
Name of Parents/Guardian		
Parents/Guardian Email		

Preferred Method of Contact

<input type="checkbox"/> Email and Text of Applicant	<input type="checkbox"/> Email of Parents/Guardian
<input type="checkbox"/> Home Telephone	<input type="checkbox"/> Contact through all means

I verify that the information provided in this document is accurate. Further, I understand that I will be disqualified should any information be found false or if items are missing or unanswered. I understand an in-person interview may be required to complete the application process and if so, attendance is mandatory.

Signature of Applicant

Date

Signature of Applicant's Parent/Guardian

Date

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School Information

School Name:			
School Address:			
City State ZIP Code:			
Graduation Date:			
Yearly GPA:	9 th _____ 10 th _____ 11 th _____ Current _____		
SAT Scores:	Verbal _____ Math _____		
ACT Scores:	Composite: _____ Eng: _____ Math: _____ Read: _____ Sci: _____		
AP Test	Score	AP Test	Score

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Household Information

Occupation: (Please Do Not Leave Blank:

Mother: _____

Father: _____

Guardian: _____

(If Applicable)

Total number of children in household _____

Will you be the first-generation college student? _____ Y _____ N

Total number of children in college (including applicant): _____

Do you currently work? ? _____ Y _____ N How many hours per week: _____

Additional Sources of Other Scholarships Applied for	Amount	Received Y/N	Waiting on Reply Y/N

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Honors Received: Including school, community, and church. Honors can also be included on your resume if additional space is needed.

School, Community or Church	Honor	Year(s) Received

Extra-Curricular Activities: Beginning with freshman/9th grade year. (Activities can also be included on your resume if additional space is needed.)

School, Community or Church	Honor	Year(s) Received

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Employment History:

Dates of Employment	Employer	Job Title	Full or Part-time

College Applications:

College Applications Submitted To:	Acceptance Received:

Typewritten, Personal Statement (Essay):

In 500 words (essay format) discuss the following topic:

If your advice was a gift that you could give to the underclassmen in your high school, what would you share and how would you deliver it?

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Counselor Evaluation

Typed/Handwritten evaluations (blue/black ink) preferred. If handwritten, please print.

Applicant _____ **School** _____

High School Curriculum

Cumulative GPA (4.0 scale) _____

- ☐ **Academic (College Preparatory)** **ACT Score:** _____
☐ **Honors** and/or
☐ **General** **SAT Score:** _____
☐ **Other** _____

Please indicate any factors that may have contributed to the student's ability to achieve his/her educational goals (i.e., unusual personal or family circumstances, financial need, special talents, or abilities).

Please include any additional information about the student you would like to be considered (in 150 words or less).

School Official:

Printed Name _____ **Signature** _____

Date _____ **Title** _____

Phone _____ **Email** _____