

Barnard Family Health and Wellness Scholarship

1. DEADLINE for scholarship applications is April 30th (no exceptions).
2. Refer to criteria below for eligibility requirements.
3. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
4. If any question does not apply to you in this application please put N/A in the space.
5. Type or print legibly. Illegible applications will not be considered.
6. You will be notified by mail or email in June regarding the status of your application.
7. If you have any questions about the application, please email Mrs. Heather Barnard at heather.barnard@comcast.net

NOTE: Scholarship funds will be awarded to the college, university, or program upon evidence of registration in an accredited post-secondary institution. The Greater Lynchburg Community Trust will handle all deposits of funds to your college, university, or program.

Purpose: To provide a single year scholarship to one or two deserving Region 2000 Virginia high school graduating seniors interested in or intending to pursue a health-related course of study at either a college/university or other post-secondary educational institution.

Award Components: One or two scholarships will be awarded depending on the funds generated for distribution each year to one or two students selected by the Barnard Family Health & Wellness Scholarship Committee.

Criteria:

1. Applicants must be a graduating high school senior in a Virginia Region 2000 School in the year of the award.
2. Applicants must have a GPA of 3.5 or higher at the time of application
3. Applicants must intend to pursue a health-related course of study post-high school.

Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. Two letters of recommendations from choice of high school teacher/mentor, administrators, counselors, employers, or individual with significant knowledge of applicant's experience and involvement.
3. An official and recent high school transcript with cumulative grade point average and a class standing/rank.
4. Personal Essay. In your essay, please answer the question on the enclosed essay sheet.
What has caused your passion in the health and wellness field and what specifically would you like to accomplish in the field of health and wellness?
5. Possible oral interview with a Scholarship Committee member if you are selected as a finalist.

Deadline for the application is **April 30th**. Applications postmarked after this date will **not** be considered.

Please mail or submit application in person to:

**Barnard Family Health & Wellness Scholarship
Ortho Virginia
2405 Atherholt Road
Lynchburg, VA 24501**

Barnard Family Health & Wellness Fund Scholarship Application

Please type or print your answers. If application is illegible it will be returned to you.		
1.	Last Name: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3.	Daytime Telephone Number: () _____	
4.	Date of Birth: Month Day Year	
5.	Current High School: _____	Number of years attended: _____
6.	I will be attending the following school /post-graduate program in the <u>Fall of 2017</u> : _____ Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds .	
7.	I will be entering the above-mentioned school as a: (Circle one) Freshman Sophomore	
8.	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required.	
9.	ACT Score: _____ Or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is required.	
10.	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____	
11.	Name and city of other high schools attended: _____	Number of years attended: _____
13.	What specialty/major do you plan to major in as you continue your education?	
14.	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable)	
	A. Tuition:	Amount: \$ _____
	B. Books:	Amount: \$ _____
	C. Room & Board:	Amount: \$ _____

	D.	Other expenses:	Amount: \$	Describe below under comments
Comments:				
15.	List other financial assistance you will receive per semester or quarter:			
	A.	Personal:	Amount: \$	
	B.	Other Scholarship(s):	Amount: \$	Describe below under comments
	C.	Grants:	Amount: \$	"
	C.	Student Loan(s):	Amount: \$	"
	D.	Other Financial Resources:	Amount: \$	"
Comments:				

Use an additional sheet if you need more room to list financial information requested in items 14 & 15.

16.	What are your educational and professional goals and objectives?
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17.	List your academic honors, awards and membership activities while in high school or college:
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18.	List your community service activities, hobbies, outside interests, and extracurricular activities:
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19.	Personal Essay Please answer the following question: <i>What has caused your passion in the health and wellness field and what specifically would you like to accomplish in the field of health and wellness?</i> Print your essay and submit with this application. You may use the last page if hand writing your essay.
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20.	A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee. B. Your application will not be accepted for review if these items are <u>not</u> attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have attached each item as required.		
	YES	NO	Two (2) reference letters. Return these completed letters in sealed envelopes from your teacher, guidance counselor, mentor, etc.
	YES	NO	Proof of college acceptance. A letter of college acceptance or program acceptance is required for receipt of funds. This can be submitted once received – mark as Pending
	YES	NO	Most recent <u>official</u> high school transcript including ACT and/or SAT scores. Photocopies of your transcript are <u>not acceptable</u> .
	YES	NO	Personal Essay.

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation's scholarship program.

I hereby understand that if chosen as a scholarship winner, according to Barnard Family Health & Wellness Scholarship policy, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

REMEMBER

The deadline for this application to be received by the Foundation is April 30th. **No exceptions!**

**Barnard Family Health & Wellness
Scholarship Application *Personal Essay***

What has caused your passion in the health and wellness field and what specifically would you like to accomplish in the field of health and wellness?