



Virginia Association For Family & Community Education, Inc.

MEMBER - National Association for Family and Community Education, Inc.

2021 Application for ELLA G. AGNEW SCHOLARSHIP

(Please Print)

FULL NAME DATE OF BIRTH

ADDRESS PHONE CITY STATE ZIP

COUNTY OR CITY

CURRENT SCHOOL NAME GRADUATION DATE SCHOOL ADDRESS

NAME OF PARENTS/GUARDIANS OCCUPATIONS: (include unemployed, homemaker, explain self-employed)

NAME OF THE ACCREDITED VIRGINIA COLLEGE/UNIVERSITY YOU PLAN TO ATTEND: CURRICULUM OF CHOICE (PLEASE SEND PROOF OF ACCEPTANCE.)

ARE YOU A U.S. CITIZEN? ARE YOU A RESIDENT OF VIRGINIA?

- 1. Please complete the following: a. Total family income... b. Number living in your household: Father Mother No. of Children Ages of Children
2. Answer the following on a separate sheet of paper and include with application. a. How do you expect to use the educational training... b. Describe your participation... c. How do you expect to finance your college education? d. Reasons for needing this scholarship. e. Please include if you are dual enrolled...

\*Applicant Signature Date

\*Parent/Guardian Signature

Please return completed application & reference letters to VAFCE Scholarship Chairperson postmarked no later than April 1, 2021:

Connie Bazzle 9837 North Valley Pike Rockingham, VA 22802-1628 (540) 209-1374

The VAFCE does not discriminate against applicants on the basis of race, color, religion, sex, age, national origin or political affiliation.

## ELLA G. AGNEW SCHOLARSHIP 2021

The Ella G. Agnew Scholarship is to be awarded to a **graduating high school senior planning to further his/her education in a nursing career OR in a field related to the medical profession.** The amount of this scholarship shall be **\$1,000.00.**

An applicant must meet the following requirements to qualify for this scholarship:

1. U.S. Citizen and Resident of Virginia
2. Graduate of a High School in Virginia
3. Have plans for a nursing career or some field related to the medical profession.
4. Have plans to attend a **Virginia school** offering an accredited course in nursing or related medical field.
5. Be in need of financial assistance.

**The completed application and reference letters are to be sent to the VAFCE Scholarship Chairperson and postmarked between February 1 and April 1 of the year for which the applicant is applying. Please use sufficient postage to cover the cost of mailing. Prefer that submitted material be in a 9X12 envelope!**

**This application must be accompanied by:** (Check each block as it is accomplished)

- \_\_\_\_\_ 1. Official transcript from the High School attended.
- \_\_\_\_\_ 2. Proof of acceptance to college/university.
- \_\_\_\_\_ 3. \*A letter from **two or more** of the following, each in a **sealed envelope**, submitted with the application, giving additional information about the applicant's financial need, scholastic and leadership abilities, and/or participation in extra school or community activities.
  - a. High School Principal
  - b. High School Guidance Counselor or Teacher
  - c. Extension Agent
  - d. Other (one who knows your situation such as a pastor, employer)

**INCOMPLETE OR OBSOLETE APPLICATIONS (SUCH AS 2020 FORMS)  
WILL BE AUTOMATICALLY DISQUALIFIED**

**PLEASE READ CAREFULLY!** The recipient of the scholarship will be notified by May 15 of the year application was made. A check for the amount of the scholarship will be mailed by July 31 to the Treasurer of the University or College that the recipient will be attending.

If the scholarship recipient does not complete the required courses, or drops the major in the medical field for another field of study, the University or College Treasurer shall be directed to refund the unused amount of the scholarship to the Treasurer of VAFCE.

Applicants may receive the Ella G. Agnew scholarship only once!