

2010 SHOE CITY- WBTJ SCHOLARSHIP APPLICATION FORM

Please Note: Eligibility is limited to senior high school students living in the city of Richmond. If you have a relative that works or volunteers for the Enrichmond Foundation, Shoe City, or Richmond's Department of Parks, Recreation and Community Facilities you are NOT eligible to apply. Applicants must be attending an accredited college in the Fall of 2010, and the \$1,500 scholarship will be paid directly to the college the selected student is attending.

Type or print neatly.

Application postmark deadline July 1, 2010

How did you hear about the Shoe City-WBTJ Scholarship? _____

Full Name _____

Birthdate _____ Age _____ Social Security # _____

Home Address _____ Phone _____

City/State/Zipcode _____ Email _____

I certify that no family members work or volunteer for Enrichmond Foundation, Shoe City or the Richmond Department of Parks, Recreation & Community Facilities. ____ Yes

Number of Dependents in Family _____ Ages _____

Father's Name _____ Address _____

City/St/Zip _____ Occupation _____

YrlyIncome _____ Employer _____ Age _____

Mother's Name _____ Address _____

City/St/Zip _____ Occupation _____

Yrly Income _____ Employer _____ Age _____

Family Financial Information:

Family Adjusted Gross Income \$ _____ Total Income of Applicant \$ _____

Family Untaxed Income & Benefits: _____ Total # of exemptions claimed on
Social Security, AFDC, ADC, Other \$ _____ 1040 tax return _____

Mortgage: Original Amount \$ _____ Amount Outstanding \$ _____

Total Savings/Investments \$ _____ Total Loans/Debt \$ _____

High School Data:

School Name _____ Current GPA _____

Dates Attended _____ Date will Graduate _____

College Data:

Name of college you plan to attend for 2010 fall term. (If unknown, please list in order of preference the schools to which you have applied) Use official school names.

_____ City _____ State _____

_____ City _____ State _____

_____ City _____ State _____

Work Experience: Indicate dates of employment in each job, approximate number of hours worked and amounts earned.

Position _____ Employer _____
Date began _____ to _____ Hours per Week _____

Position _____ Employer _____
Date began _____ to _____ Hours per Week _____

Position _____ Employer _____
Date began _____ to _____ Hours per Week _____

Activities, Awards & Honors: List all community activities in which you have participated without pay in the past four years. Indicate any awards, honors and offices held.

Activity # of years Awards/Honors/Offices Held

Application Checklist: This application for a scholarship becomes complete only when you have submitted all of the following materials:

- * Completed Application Form
- * High School Transcript
- * Federal Student Aid Report (SAR)
- * Written Recommendation from counselor, instructor, clergy member, work or volunteer supervisor
- * Essay, not to exceed 500 words, which includes your future goals, special qualifications and circumstances

The student is responsible for submitting all materials on time to:

Shoe City- WBTJ Scholarship

Enrichmond Foundation
6 North Laurel Street
Richmond, VA 23220

Postmark deadline July 1, 2010.

Signature: I certify that the information given by me in connection with this application is complete and accurate. I understand that Enrichmond Foundation may request additional information, and verify selected information concerning me, my resume, and this application. Acceptance of the scholarship constitutes permission for Shoe City and/or Enrichmond Foundation to use the recipient's name and picture for publicity purposes, and agreement to attend a scholarship award ceremony, if such a ceremony is held.

Signature of Applicant

Date