

Scholarship Forms

Scholarship Type

Collegiate (Family Member)

PERSONAL DATA

Name

Age

School Phone Number

Home Address

United States

Home Phone

Email Address

Referring Teacher

Dr. Bowman/ Dr. Coleman

Present Cumulative Grade Point Average (GPA) - (must attach transcript below)

3.5

Anticipated Date of Graduation from College

FEW Member's Name and Relationship

FEW Member's Membership Number

1680

List activities you were involved with at school and in the community for the past two years.

Youth camp counselor, homeless shelter outreach, Varsity basketball, Varsity volleyball, Queens in Training mentoring program, Young Ladies of Virtue mentoring program, Powerhouse youth ministry youth leader, drama team leader, youth choir member, and Virginia University of Lynchburg Women's Basketball team (captain)

College/University Enrolled or Intended

Potential Major or Field of Study

Health Science

Formally Accepted

Yes

Supporting Documentation

Transcript

- [1st-semester-transcript.pdf](#)

2.

- [FEW-scholarship-essay.doc](#)

3.

- [Reccomendation-letter-Dr.-Coleman.doc](#)

4.

- [Reccomendation-letter-Dr.-Bowman.jp](#)

5.

- [Reccomendation-Letter.jp](#)

6.

- [transcript.jp](#)