



Applying for a Charlottesville Promise Scholarship

ADULTS (High School Diploma or GED Recipient)

Deadline to submit this application to the Charlottesville Scholarship Program

October 15th or March 1st

In order to be considered for a scholarship, you must:

- Be a graduate or GED recipient of the Charlottesville Public School System **and** also a current resident of the City of Charlottesville **or**
- Be a current employee of the City of Charlottesville or the Charlottesville Public Schools
- Fill out the application completely and submit all required documentation (Postmarked Deadline) no later than **October 15** (Spring Semester) or **March 1** (Fall Semester)
- Be income eligible based on federal guidelines for the current year (See CSP Website)

The following documents must be attached to this application OR sent directly to:

Charlottesville Scholarship Program
P.O. Box 1221
Charlottesville, VA 22902

1. One **Letter of Recommendation** from someone, other than a family member, who knows you well
2. High school, community college and/or college **transcripts**
3. A copy of your **FASFA** and/or most recent **federal income tax return**

Before scholarship funds can be sent to the college or technical program you plan to attend, you must also submit:

- An acceptance letter from that accredited program
- A financial aid award letter (if applicable) detailing the amount of aid you will receive

Failure to complete the application and submit all required documentation by the deadline can result in your application being disallowed for the current application period.

If you have any questions or need assistance in completing the application, please leave a message at 434-987-8338 or send an email message to scholars@cvcillescholarship.com.

By signing this application you agree that, if you receive a scholarship, the Charlottesville Scholarship program may make public your name (and that of your parent(s), guardian, or spouse, if applicable), the amount of the scholarship, the school you will be attending, and a brief summary of your qualifications and plans. You must also agree to be contacted by a representative of the CSP as appropriate. This agreement will be in effect as long as you are a scholarship recipient.



CHARLOTTEVILLE Scholarship Program

Fulfilling Our Community's Promise

CSP Scholarship Application

Adult Applicant

(High School Diploma or GED Recipient)

Print or write legibly

Name _____
Last First Middle

Current Address _____
Street

City State Zip Code Telephone

Permanent Address _____
Street

City State Zip Code Telephone

Primary Email Address _____

Date of Birth _____

High School _____ Year of graduation _____

College or technical school you plan to attend _____

Location of School _____
City State Telephone

Degree/certificate you plan to pursue _____

Have you been admitted? _____

List any colleges or vocational programs you attended after high school, including dates.

List your work experience

Job Title	Employer	City, State	Dates	Hrs per Wk
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Marital Status _____

Number of dependents _____

(Children or other individuals whom you support; do not count yourself)

Name of Spouse _____

Describe your career goals. How do you intend to use the degree or training that you are seeking? Where do you see yourself ten years from now?

If there are special circumstances you would like us to take into account in evaluating your application, such as personal obstacles you have overcome, please describe them here or on a separate sheet.

Please tell us how you plan to pay for your education:

List your expenses. Include tuition, fees, books, rent or mortgage payments, health and car insurance, child care or child support payments, debts.

List your income. Include income from employment if you plan to continue working, savings, assets, spousal or child support you receive, support from family members, other scholarships, and financial aid.

Are there any unusual circumstances that might reduce your income or increase your expenses? If so, please explain.

I certify that the information I have provided is true and complete to the best of my knowledge. If required, I agree to provide proof of this information. I realize that if the required documents are not provided, I as the applicant may not be eligible for this scholarship.

Applicant's Signature

Date

Equal Opportunity Statement

In accordance with federal law and the law of the Commonwealth of Virginia, the Scholarship Program does not discriminate on the basis of age, race, religion, national origin, sex, sexual orientation, or disability.