

FLUVANNA COUNTY ADULT EDUCATION
PALMYRA, VIRGINIA

LOCAL SCHOLARSHIP APPLICATION
GED GRADUATE

NAME _____

NAME OF THE COLLEGE OR PROGRAM YOU PLAN TO ATTEND _____

DATE GED DIPLOMA EARNED _____

BATTERY AVERAGE _____

ADULT EDUCATION TEACHER _____

TOTAL NUMBER LIVING IN HOUSEHOLD (INCLUDE SELF, CHILDREN, OTHER ADULTS) _____

List your community activities, personal interests, and employment (part-time or full-time):

Community: _____

Personal Interests: _____

Employment: _____

USE THIS SPACE TO EXPLAIN IN A BRIEF ESSAY THE INTERESTS OR EXPERIENCES WHICH HAVE BEEN THE MOST IMPORTANT TO YOU DURING THE PAST 3 YEARS.

USE THIS SPACE TO DESCRIBE YOUR CONTINUING EDUCATION PLANS.

EXPLAIN YOUR NEED FOR SCHOLARSHIP ASSISTANCE.

I CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I HAVE NEITHER FALSIFIED NOR WITHHELD INFORMATION.

DATE

SIGNATURE OF APPLICANT