

## **VIADA LADIES AUXILIARY SCHOLARSHIP PROGRAM**

1. A \$1,000 Scholarship may be awarded to a high school senior son, daughter or grandchild of a VIADA Member in good standing. The scholarship is based on high school record of achievement and evidence of excellent college aptitude as judged by the Selection Committee.
2. The Selection Committee will be made up of three qualified professionals and will be appointed by the Scholarship Committee of the VIADA Ladies Auxiliary.
3. To use the scholarship, recipients may attend any technical training school, four-year accredited college or university or junior college of their choice. They must attend the fall term of the selected institution and take a full-course load leading to graduation. The Scholarship Committee will communicate with recipients to be certain they understand the policy.
4. The following should be completed and received by the VIADA Executive Director on or before **April 15, 2010**:
  - A. VIADA LADIES AUXILIARY APPLICATION FORM
  - B. PHOTOGRAPH (BLACK & WHITE or COLOR, 3 X 5 OR LARGER)
  - C. HIGH SCHOOL TRANSCRIPT
  - D. SCHOLASTIC APTITUDE TEST SCORES
  - E. LETTERS OF RECOMMENDATION FROM HIGH SCHOOL PRINCIPAL, TEACHERS, CLERGY, ETC. (MAXIMUM OF FIVE)

**Images and public information may be published in *The Virginia Independent News***

5. The Scholarship Committee will inform recipients of their selection in an award letter. A runner-up will be announced if the winner declines.
6. Money will be made available to the recipient through the College Registrar, or the Financial Aid Officer, who will administer it in a manner in keeping with each institution's policies.
7. It is the responsibility of the recipient to make all arrangements for college admission, acceptance and enrollment, and for notification to VIADA Ladies Auxiliary by the authorized college officer of the recipient's enrollment.
8. The recipient must accept the Scholarship Award in person at a VIADA meeting, or if necessary, their parents may accept the award for them at said meeting.

I have read and agree to the terms and requirements listed above.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent \_\_\_\_\_

Date: \_\_\_\_\_

## ANNUAL SCHOLARSHIP PROGRAM

### DIRECTIONS FOR THE Applicant

1. You are instructed by your State VIADA Ladies Auxiliary to complete the application and return it along with other required items to the Association's Executive Director on or before **April 15, 2010**. All information supplied by you is for use by the Selection Committee of VIADA Ladies Auxiliary. The Auxiliary reserves the right to publish information of scholarship recipients in *The Virginia Independent News*.
2. Be sure that you have filed an application for admission to the vocational school, four-year, or junior accredited college(s) of your choice and be certain to arrange for and take the College Entrance Examination Board Scholastic Aptitude Test and other appropriate entrance examinations which may be required by each institution to which you seek admission. It is the nominee's responsibility to make all arrangements for college admission.
3. The scholarship in the amount of \$1,000 for one year will be awarded to the winning nominee with an outstanding high school record of achievement and evidence of excellent college aptitude.
4. Letters of recommendation (Maximum of five) should support the applicant as a candidate for a scholarship.
5. Send the Application, 3X5 or larger photo, high school transcript, scholastic aptitude scores, and letters of recommendation to:

**SCHOLARSHIP COMMITTEE  
C/O EXECUTIVE DIRECTOR  
VIADA LADIES AUXILIARY  
4700 THOROUGHGOOD SQUARE  
VIRGINIA BEACH, VIRGINIA 23455-4043**

**VIADA LADIES AUXILIARY**  
**“HELPING HANDS”**

**SCHOLARSHIP APPLICATION**

Date of Application: \_\_\_\_\_

Name (first, middle, last) \_\_\_\_\_

M\_\_\_\_ F\_\_\_\_      Single\_\_\_\_ Married\_\_\_\_      Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of High School(s) Attended	Date of Attendance and Graduation
_____	_____
_____	_____

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dealership Name: \_\_\_\_\_

Dealership Address: \_\_\_\_\_  
\_\_\_\_\_

Relationship to Current VIADA Member: \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Address (if different from home address) \_\_\_\_\_  
\_\_\_\_\_

College(s) to which you are applying for admission:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A recent photo must be attached to the application. (3 x 5 or larger)

**VIADA LADIES AUXILIARY**  
**“HELPING HANDS”**

**SCHOLARSHIP APPLICATION**

List High School Extracurricular Activities, Offices and Distinctions: (attach additional sheet if necessary)

---

---

---

---

---

---

---

---

---

---

Briefly list major projects, activities and accomplishments:

---

---

---

---

---

---

---

Student’s Statement: Please submit a statement in support of your application for a scholarship.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_