

THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY MEMORIAL SCHOLARSHIP

The Fary Memorial Scholarship Fund  
P.O. Box 485, (300 Duke Street)  
Tappahannock, Virginia 22560  
Telephone: (804) 443-6773 Facsimile: (804) 443-9303  
www.faryscholarship.org

The application, three Letters of Recommendation and supporting documentation (except first semester/trimester, senior year transcript) must be mailed (postmarked) or hand delivered by DECEMBER 15, 2011 to the Scholarship Fund in ONE package. To assist in the application process, enclosed you will find an Application Checklist that you can use as a worksheet to ensure you have completed the entire application. Please attach the checklist to the front of your completed application. Each Letter of Recommendation must be in a separate sealed envelope. The Financial Information (optional) must also be in a sealed envelope. Transcripts must include CUMULATIVE GPA, RANK, SAT or ACT TEST SCORES and SIGNATURE OF APPROPRIATE SCHOOL OFFICIAL. Minimum academic criteria are a 3.5 cumulative GPA and combined SAT Critical Reading and Math score of 1100 or ACT Composite score of 24. The first semester/trimester, senior year transcript must be mailed (postmarked) or hand delivered by February 17, 2012. Supplemental pages (8½ x 11) may be attached for completing application information. On each, please identify the applicant and application item.

*PLEASE BE ADVISED THAT IT IS SOLELY THE APPLICANT'S RESPONSIBILITY TO COMPLETE AND INCLUDE ALL INFORMATION REQUIRED BY THE APPLICATION.*

Calendar for the 2012 Fary Memorial Scholarship Fund

- Application Deadline - December 15, 2011
- First Semester/Trimester, Senior Year Transcript - February 17, 2012
- Interviews by District: \*
  - Northern Neck District - Sunday, March 4, 2012
  - Chesapeake District - Sunday, March 11, 2012
  - Central District - Sunday, March 18, 2012
  - Southern District - Sunday, March 25, 2012
- Finalist Interviews - Sunday, April 22, 2012

You will be notified if any of these dates are altered.

\* Eligible Counties by District: CENTRAL (Caroline, Essex, King and Queen, King George); CHESAPEAKE (Gloucester, Mathews, Middlesex); NORTHERN NECK (Lancaster, Northumberland, Richmond, Westmoreland); SOUTHERN (Charles City, James City-Stonehouse Magisterial, King William, New Kent, York-Bruton Magisterial)

*FOR IMPORTANT INFORMATION CONCERNING THE SCHOLARSHIP ELIGIBILITY, APPLICATION AND SELECTION PROCESSES, PLEASE REFER TO THE SCHOLARSHIP'S WEBSITE ([www.faryscholarship.org](http://www.faryscholarship.org)).*

FARY MEMORIAL SCHOLARSHIP FUND  
APPLICATION CHECKLIST

Applicant: \_\_\_\_\_

Ensure your name is identified on each page and that you have signed and dated in the appropriate spaces on page 6.

Pages Completed (as you complete/include each item on each page, indicate with a check mark in the appropriate space)

Page 1

Item #: 1\_\_\_ 2\_\_\_ 3\_\_\_ 4a\_\_\_ 4b\_\_\_ 5\_\_\_ 6\_\_\_ 7\_\_\_ 8\_\_\_ 9\_\_\_ 10\_\_\_

Page 2

Item #: 11\_\_\_ (all information, all blanks)

Page 3

Item #: 12\_\_\_ 13A\_\_\_

Rank \_\_\_

GPA \_\_\_

SAT: Critical Reading \_\_\_ Math \_\_\_ or

ACT Composite: \_\_\_

(Please include an official copy of your scores.)

Transcript (through last Academic Year) \_\_\_

(MUST INCLUDE CUMULATIVE GPA, RANK, SAT or ACT TEST  
SCORES AND SIGNATURE OF APPROPRIATE SCHOOL OFFICIAL.)

Page 4

Item #: 13B\_\_\_ 13C\_\_\_ 14a\_\_\_ 14b\_\_\_ 14c\_\_\_

Page 5

Part A\_\_\_ Part B\_\_\_

Page 6

Date, Sign Both Places \_\_\_

Page 7 - Financial Information

Item #: 1\_\_\_ 2\_\_\_ 3 - Income\_\_\_  
Assets\_\_\_

Page 8 - Financial Information

Item #: 3 - Indebtedness\_\_\_  
Signature, Date \_\_\_

Pages 7 & 8 must  
be submitted in  
a sealed  
envelope.

Letters of Recommendation: 1\_\_\_ 2\_\_\_ 3\_\_\_

Each letter in  
a separate  
sealed envelope.

**\*PLEASE ATTACH TO THE FRONT OF YOUR COMPLETED APPLICATION\***

**THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY MEMORIAL SCHOLARSHIP**

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Tappahannock, Virginia 22560  
Telephone: (804) 443-6773  
Facsimile: (804) 443-9303

**APPLICATION**

**PLEASE TYPE OR PRINT IN DARK, BLACK INK.** Supplemental pages (8.5 x 11) may be attached for completing information. On each, please identify applicant and application item. Mail (postmark) or hand deliver the Application, Letters of Recommendation and supporting documents in ONE package by December 15, 2011, to the above address. Do NOT send photocopies of the completed forms. First semester/trimester, senior year transcript must be mailed (postmarked) or hand delivered by February 17, 2012.

**PART I: PERSONAL INFORMATION**

1. NAME: \_\_\_\_\_ 2. EMAIL: \_\_\_\_\_  
LAST FIRST MIDDLE

3. MAILING ADDRESS: \_\_\_\_\_  
Street/P.O. Box  
\_\_\_\_\_  
City/Town State Zip TELEPHONE NO.: ( ) \_\_\_\_\_

4a. COUNTY AND ACTUAL MAGISTERIAL\* DISTRICT OF RESIDENCE: \_\_\_\_\_  
\*(e.g.: ESSEX COUNTY, RAPPAHANNOCK DISTRICT)

4b. YEARS RESIDED IN ELIGIBLE COUNTY: \_\_\_\_\_ 5. DATE OF BIRTH: \_\_\_\_\_ 6. SEX: \_\_\_\_\_  
(MUST HAVE RESIDED AS A U.S. CITIZEN IN ELIGIBLE COUNTY MOST RECENT TWO YEARS)

7. NAME OF FATHER/GUARDIAN: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
DAYTIME  
PLACE OF EMPLOYMENT: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

8. NAME OF MOTHER/GUARDIAN: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
DAYTIME  
PLACE OF EMPLOYMENT: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

9. AGE(S) OF OTHER DEPENDENT(S) IN SAME RESIDENCE:

NAME OF DEPENDENT	AGE	NAME OF COLLEGE, IF APPLICABLE

10. TOTAL FAMILY INCOME (ADJUSTED GROSS) (check one):  
\_\_\_\_\_ Less than \$20,000  
\_\_\_\_\_ \$20,000 to \$45,000  
\_\_\_\_\_ \$45,000 to \$70,000  
\_\_\_\_\_ \$70,000 to \$85,000  
\_\_\_\_\_ more than \$85,000

APPLICANT: \_\_\_\_\_

11. COLLEGE INFORMATION

COLLEGES/UNIVERSITIES TO WHICH YOU HAVE APPLIED OR WILL APPLY	HAVE YOU BEEN ACCEPTED? YES/NO/HAVE NOT HEARD

COLLEGE YOU HOPE TO ATTEND AS A FULL TIME STUDENT:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TUITION/ROOM/BOARD/FEES: \_\_\_\_\_ MAJOR OR CAREER GOAL: \_\_\_\_\_  
(TOTAL)

OTHER SCHOLARSHIPS/GRANTS/LOANS SOUGHT BY APPLICANT	INSTITUTION	ANNUAL AMOUNT/ NUMBER OF YEARS

NOTE: SUPPLEMENTAL SCHOLARSHIP INFORMATION MAY BE REQUESTED PRIOR TO THE INTERVIEW OF A FINALIST.

APPLICANT: \_\_\_\_\_

12. EDUCATIONAL INFORMATION

Please include a copy of your transcript through the last academic year, a copy of your SAT or ACT scores and a list of your senior year courses. Your first semester/trimester, senior year transcript is due by February 17, 2012. REMEMBER: MINIMUM CRITERIA ARE 3.5 CUMULATIVE GPA AND COMBINED SAT CRITICAL READING AND MATH SCORES OF 1100 OR ACT COMPOSITE SCORE OF 24.

HIGH SCHOOL: \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

DATE OF GRADUATION: \_\_\_\_\_ NUMBER OF STUDENTS IN CLASS: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_

CUMULATIVE GPA: \_\_\_\_\_ SAT: CR \_\_\_\_\_ Math \_\_\_\_\_ OR ACT COMPOSITE \_\_\_\_\_  
(PLEASE INCLUDE TEST SCORE REPORT OR TRANSCRIPT WITH POSTED SCORES.)

HIGH SCHOOL ACADEMIC HONORS/AWARDS/ACCELERATED COURSES

13. OTHER ACTIVITIES DURING HIGH SCHOOL YEARS

A. EXTRACURRICULAR SCHOOL ACTIVITIES: Please list organizations, clubs, sports, publications, art, music, public speaking, contests, etc. in the order of importance to you.

ACTIVITY	GRADE LEVEL				TIME SPENT		POSITION HELD, AWARD/HONOR WON
	9	10	11	12	WKS/ YR	HRS/ WK	

APPLICANT: \_\_\_\_\_

13. OTHER ACTIVITIES DURING HIGH SCHOOL YEARS - CONTINUED

B. EXTRACURRICULAR NON-SCHOOL ACTIVITIES: Please list in the order of importance to you. These would include volunteer activities in your community, church, etc.

ACTIVITY	GRADE LEVEL				TIME SPENT		POSITION HELD
	9	10	11	12	WKS/ YR	HRS/ WK	

C. EMPLOYMENT EXPERIENCE:

NAME OF EMPLOYER	POSITION HELD	DATES EMPLOYED

14. REFERENCES:

List the names and addresses of three people whom you wish to write a Letter of Recommendation for you. (The applicant must ask each person and must supply to him/her the necessary form.) The three Letters of Recommendation must include either (a) two letters from current or former high school academic instructors OR (b) one letter from a high school guidance counselor, high school appointed advisor, or high school principal and one letter from a current or former high school academic instructor. The remaining Letter of Recommendation may be from any other person of your choice.

NAME OF REFERENCE	ADDRESS	RELATIONSHIP TO APPLICANT

APPLICANT: \_\_\_\_\_

## ESSAYS

Please respond to Parts A and B, each response being 500 words or less. Attach responses on 8.5 x 11 plain paper. On each, please identify the applicant and question. MUST BE TYPED.

### PART A

1. WHAT THOUGHTS, ACTIONS AND ASSOCIATIONS HAVE MADE YOU THE PERSON YOU ARE?

### PART B - Select ONE of the following:

1. CHOOSE A WORK OF ART, A BOOK OR A MUSICAL COMPOSITION AND EXPLAIN HOW IT HAS IMPACTED YOUR LIFE OR HELPED DEFINE WHO YOU ARE.
2. WHAT DO YOU SEE AS THE GREATEST PROBLEM FACING OUR NATION TODAY? (e.g. ECONOMIC, POLITICAL OR SOCIAL) EXPLAIN HOW YOU WOULD TRY TO SOLVE THE PROBLEM IF YOU HAD THE POWER.
3. IF YOU COULD TRAVEL ANY WHERE IN THE WORLD TO FURTHER YOUR EDUCATION, WHERE WOULD YOU GO AND WHAT WOULD YOU SEEK?

APPLICANT: \_\_\_\_\_

The thorough completion and timely submission of this application with supporting documents may result in an interview request at the District Level of the application process. Not less than one week before the assigned interview date, the District Committees will extend invitations to those applicants selected to be interviewed. (Please refer to the front instruction page for the assigned interview dates.) Applicants unable to attend the interviews on the scheduled dates will not be considered by the Scholarship Fund.

PART II: AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I have applied to *The Fary Memorial Scholarship Fund* for an education scholarship. I authorize you to provide information the Fund may request concerning my status as a student, such as whether I am a full-time student, number of course hours I am taking, date of expected graduation, my current mailing address, the grades I have achieved, and any other pertinent information requested.

A copy of this authorization may be accepted as an original.

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
(Applicant's Signature)

PART III: CERTIFICATION

TO: William L. Lewis, Trustee

I hereby certify that the foregoing facts and statements are correct to the best of my knowledge and belief. Furthermore, I certify that all essays submitted with this application were prepared and written solely by me.

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
(Applicant's Signature)

# FARY MEMORIAL SCHOLARSHIP FUND

## PART IV: FINANCIAL INFORMATION (COMPLETED BY PARENT/GUARDIAN)

NOTE: PLEASE TYPE OR PRINT IN DARK, BLACK INK. THIS FORM IS TO BE COMPLETED, IN PART OR IN WHOLE, ONLY IF THE FAMILY WISHES FOR THE COMMITTEE TO CONSIDER THE FINANCIAL CIRCUMSTANCES OF THE HOUSEHOLD. UPON COMPLETION, THE FORM MUST BE PLACED IN A SEALED ENVELOPE AND INCLUDED IN THE APPLICATION PACKAGE. THE APPLICATION MUST BE SUBMITTED TO THE SCHOLARSHIP FUND BY DECEMBER 15, 2011. ALL INFORMATION PROVIDED IS HELD IN CONFIDENCE BY THE SCHOLARSHIP STAFF AND COMMITTEES.

I ELECT NOT TO PROVIDE FINANCIAL INFORMATION.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_  
(Parent/Guardian Signature)

1. APPLICANT NAME: \_\_\_\_\_

2. PARENT/GUARDIAN NAME(S): \_\_\_\_\_

3. PARENT/GUARDIANS' INCOME, ASSETS, INDEBTEDNESS:

**INCOME:**

Last Year's Income (From IRS Form 1040):

Total "Adjusted Gross Income" \_\_\_\_\_  
(From IRS Form 1040)

Current Year's Estimated Income \_\_\_\_\_  
(Adjusted Gross)

**ASSETS:**

Cash, Savings, Checking Accounts \_\_\_\_\_

Present Market Value Of: Home \_\_\_\_\_

Other Real Estate \_\_\_\_\_

Investments (stocks, bonds, etc.) \_\_\_\_\_  
(Exclude IRAs, 401ks, etc.)

Business (your share) \_\_\_\_\_

Other \_\_\_\_\_

TOTAL ASSETS \_\_\_\_\_

APPLICANT: \_\_\_\_\_

INDEBTEDNESS:

	<u>Monthly Payment</u>	<u>Unpaid Balance</u>
Mortgage/Rent	_____	_____
Automobile(s)	_____	_____
Student Loans	_____	_____
Total Other Debts	_____	_____

TOTAL INDEBTEDNESS \_\_\_\_\_

PLEASE DISCUSS ANY UNUSUAL OR EXTRAORDINARY CIRCUMSTANCES YOU WISH TO SHARE WITH THE SCHOLARSHIP COMMITTEE.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the foregoing facts and statements are correct to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signed \_\_\_\_\_  
*(Parent/Guardian Signature)*

**THOMAS PETERSON FARY AND ALVIN JENETTIE ROANE FARY**  
**MEMORIAL SCHOLARSHIP**

**LETTER OF RECOMMENDATION**

TO APPLICANT:

Please complete the top section of this form and deliver the form to your selected reference. REMEMBER, the three Letters of Recommendation must include either (a) two letters from current or former high school academic instructors OR (b) one letter from a high school guidance counselor, high school appointed advisor, or high school principal and one letter from a current or former high school academic instructor. The remaining Letter of Recommendation may be from any other person of your choice. Reference will return the completed letter to you in a sealed envelope. All three Letters of Recommendation must be included in your submitted application package.

APPLICANT'S NAME: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

ADDRESS OF REFERENCE: \_\_\_\_\_

\_\_\_\_\_

TO REFERENCE:

The applicant named above has applied for a scholarship from The Fary Memorial Scholarship Fund. The scholarship is a competitive, four-year scholarship awarded only to the best of the applicants. Your opinion will be given considerable weight; consequently, your attention to completion of this form is very important, thoroughly addressing those factors itemized in PART I on the back of this form. Please complete and return the form to the applicant in a SEALED envelope, identifying the name of the applicant on the outside of the envelope. The applicant will include your reference with his/her application. The application with all references MUST BE SUBMITTED to the Scholarship Fund by DECEMBER 15, 2011. For purposes of clarification, the Trustee reserves the right to contact any person submitting a recommendation for the applicant.

OVERALL, I (Please check one):

- RECOMMEND THE APPLICANT WITHOUT RESERVATION
- RECOMMEND THE APPLICANT WITH SOME RESERVATION
- RECOMMEND THE APPLICANT WITH SERIOUS RESERVATION
- DO NOT RECOMMEND THE APPLICANT

Applicant's Name: \_\_\_\_\_

**PART I:**

PLEASE RATE THE APPLICANT ON THE FOLLOWING QUALITIES. RATE ONLY THE QUALITIES OF WHICH YOU HAVE DIRECT KNOWLEDGE.

QUALITY	NOT OBSERVED	LESS THAN SATISFACTORY	SATISFACTORY	EXCELLENT	OUTSTANDING
SCHOLASTIC ABILITY					
CITIZENSHIP					
MOTIVATION					
ORGANIZATIONAL SKILLS/WORK HABITS					
COMMUNICATION SKILLS					
LEADERSHIP POTENTIAL					
RELATIONSHIPS WITH PEERS					
OTHER (IDENTIFY)					

**PART II:**

Please TYPE responses to the following on separate 8½ X 11 plain paper. On each sheet, identify the applicant and item. The responses must be attached to this form.

1. DESCRIBE THE LENGTH OF TIME AND CONTEXT IN WHICH YOU HAVE KNOWN THE APPLICANT.
2. DESCRIBE THOSE OBSERVATIONS OF THE APPLICANT THAT HAVE LED YOU TO RECOMMEND THIS PERSON FOR A FARY MEMORIAL SCHOLARSHIP. GIVE SPECIFIC EXAMPLES.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_

Telephone number (optional): \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_

Telephone number (optional): \_\_\_\_\_