

REQUIREMENTS FOR THE VINSON COVINGTON
SCHOLARSHIP

1. MEMBER MUST BE IN GOOD STANDINGS
2. MUST BE A MEMBER OF LOCAL 1248 FOR AT LEAST 1 YEAR
3. CHILD MUST BE A DEPENDENT OF MEMBER RECORDED AT HRSA-ILA
4. CHILD MUST BE LEAVING HIGH SCHOOL GOING TO COLLEGE FOR THE 1ST TIME
5. SCHOLARSHIP IS AWARDED ONE TIME PER DEPENDENT
6. MUST HAVE ATLEAST A 3.0 GRADE POINT AVERAGE

VENSON COVINGTON SCHOLARSHIP - ILA LOCAL 1248
P. O. BOX 2196
NORFOLK, VA 23501
757 857-6727

TO _____
(SCHOOL OFFICIAL)

DATE _____

SCHOOL _____

POSITION _____

ADDRESS _____

TELEPHONE _____

FROM _____

BIRTH DATE _____

SOCIAL SECURITY NO. _____

ADDRESS _____

TELEPHONE _____

REASON FOR REQUEST: TO APPLY FOR A SCHOLARSHIP

SEND COPY OF TRANSCRIPT TO:

VENSON COVINGTON SCHOLARSHIP - ILA LOCAL 1248
P. O. BOX 2196
NORFOLK, VA 23501

THIS IS TO AUTHORIZE THE EXCHANGE OF INFORMATION:

(SIGNED - PARENT OR GUARDIAN)

DUE BACK NO LATER THAN [REDACTED] April 1st of the Graduating year!

ILA

Local No. 1248

Application For Scholarship

Date _____

INSTRUCTIONS: Read each question carefully; answer all questions, and return this application to the Virginia office of Local 1248.

I. Personal Information (print or type) Social Security No. _____

1. Name _____
Last First Middle

2. Permanent Home Address _____
Number & Street City County State Zip

3. Local Address _____
Number & Street City County State Zip

4. Local Phone No. _____ Permanent Phone No. _____

5. Male () Female () Single () Divorced () Married ()

6. Date of Birth _____ Place of Birth _____

Are you a U. S. Citizen _____ Native Born () Naturalized () if not a citizen, state details of your status of citizenship _____

7. Please list a brother, sister, other relative or close friend, other than parents or another student, who will likely keep in touch with you if your permanent address should change:

Name _____ Relationship _____

His or Her Permanent Address _____
Number & Street City State Phone No.

8. If you are married, give full name of Spouse _____
Is Spouse also in College _____ Give maiden name of Spouse _____

9. For what type of scholarship are you applying? National Defense Loan () Educational Opportunity Grant () State Scholarship () Work-Study () Undergraduate Scholarship ()

9. If awarded scholarship how do you propose to meet the difference between the amount necessary for you to attend college?

III. Employment Information

Are you employed? _____ Full-time _____ Part-time _____

Name and address of Employer

IV. Your Income and Resources

APPLICATION CANNOT BE CONSIDERED UNLESS ALL SPACES IN THIS SECTION ARE FILLED IN.

V. Information Concerning Family Income and Resources

1. Name of Father (or Legal Guardian) _____

Permanent Address _____
Street City State

Occupation of Father (or Legal Guardian) _____ Annual Income\$ _____

2. Name of Mother (or Legal Guardian) _____

Present Address _____
Street City State

Occupation of Mother (or Legal Guardian) _____ Annual Income\$ _____

IV. Certification

A. Applicant's Statement:

In case I am granted an ILA Scholarship, I hereby certify that:

- (1) I am in need of the aid in order to begin college;
- (2) I will be, properly enrolled as defined by the office of the Registrar during the (Fall-Winter-Spring-Summer) Semester (Cross out words which do not apply) of the academic year 20____ 20____ which begins in (Month)_____, 20_____.
- (3) I am willing to take and subscribe to an oath or affirmation that "I do solemnly swear or (affirm) that I bear true faith and allegiance to the United States of America and will support and defend the Constitution and laws of the United States against all enemies, foreign and domestic,"
- (4) I will use the proceeds of the scholarship only for the payment of tuition and required fees, board, and room or similar living expenses; for instructional equipment, materials and books; and for other college related expenses.
- (5) I hereby acknowledge that the information submitted herewith is true and correct and I fully understand my obligations incurred by the grant of this assistance and the conditions of its repayment, if any.

Date _____, 20_____ _____
(Signature of Applicant)

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