

# SUFFOLK FOUNDATION

1426 HOLLAND ROAD

SUFFOLK, VA 23434

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## HOWARD D. MAST MEMORIAL SCHOLARSHIP APPLICATION

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### I. Personal

A. Your Full Name:

\_\_\_\_\_

B. Your Address:

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C. Parent/Guardian Name(s):

\_\_\_\_\_

D. Parent/Guardian Address(es):

\_\_\_\_\_

\_\_\_\_\_

E. Your Email Address:

\_\_\_\_\_

F. Your Telephone Number:

\_\_\_\_\_



E. Are you currently enrolled as a full-time student in an accredited college or university in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, identify the college or university and your class (freshman, sophomore, etc.) \_\_\_\_\_  
\_\_\_\_\_

F. If you are not yet in college, have you been accepted for enrollment in the next academic year in an accredited college or university in the U.S.?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify the college or university and state whether you currently intend to enroll at such institution.  
\_\_\_\_\_

**III. Financial Need**

A. One of the criteria for the award of this scholarship is financial need. Have you completed the FAFSA application for Federal Student Aid?

\_\_\_\_ Yes \_\_\_\_ No

**If the above answer is yes, please attach a copy of your FAFSA.**

**If you have received your Expected Family Contribution (EFC) on your Student Aid Report (SAR), please attach a copy.**

Please explain briefly your financial need for this scholarship. Attach any documentation that may further explain your financial need for this scholarship.

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

B. Please check **one** of the following categories below to indicate total family income:  
\_\_\_\_\_ Under \$30,000 \_\_\_\_\_ \$30,000 - \$40,000 \_\_\_\_\_ \$40,000 - \$50,000 \_\_\_\_\_ Over \$50,000

C. If you know of any scholarships that you will be receiving, please list the scholarship and the amount being received.

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Please email [bhill@suffolkfoundation.org](mailto:bhill@suffolkfoundation.org) any scholarships received after you have made application for the Mast Scholarship.

**III. Academic Performance**

A. State your overall Grade Point Average (GPA) \_\_\_\_\_.

B. State your highest SAT scores Verbal \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ ,and/or composite ACT scores \_\_\_\_\_.

C. State your class rank # \_\_\_\_\_ out of \_\_\_\_\_ (#) students in the graduating class.

D. State any academic honors/awards you have received. \_\_\_\_\_

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5. A junior varsity, varsity or club sports team at a college or university.

Yes                      No

Sports Team:                      \_\_\_\_\_

College/University: \_\_\_\_\_

Years participated: \_\_\_\_\_

- B. List all extracurricular activities, other than these sports activities, in which you have participated in the last two years.

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**V. Character**

Howard D. Mast, in whose honor this scholarship will be awarded, was a man of integrity and honesty; a lifetime contributor to the betterment of his community and its citizens; a mentor to youth; a moral and ethical man who taught that nothing worthwhile can be gained without dedication and hard work. **On a separate page, in no more than 500 legible words, explain why Mr. Mast would be proud and honored if you were awarded this scholarship.**

**VI. Recommendations**

- A. Please provide a **signed recommendation** from a principal, teacher or other school official.
- B. Please provide a **signed recommendation** from another adult who is not a member of your family.
- C. Attach an **official transcript** (school seal, embossed) to your application.
- D. Please feel free to **attach additional documentation** when addressing requested information.

**VII. Certification**

I certify that the information provided in this Application is correct.

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APPLICANT'S SIGNATURE

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APPLICANT'S NAME (PRINT)

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STREET ADDRESS

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CITY AND ZIP CODE

***The application must be received in Suffolk Foundation Office at 1426 Holland Road on or before the last work day in March.***