

# SUFFOLK FOUNDATION

106 W. FINNEY AVENUE

SUFFOLK, VA 23434

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## Ossie S. & Thomas F. Blair, Jr. SCHOLARSHIP APPLICATION

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### I. Personal

A. Your Full Name:

\_\_\_\_\_

B. Your Address:

\_\_\_\_\_

\_\_\_\_\_

C. Parent/Guardian Name(s):

\_\_\_\_\_

D. Parent/Guardian Address(es):

\_\_\_\_\_

\_\_\_\_\_

E. Your Email Address:

\_\_\_\_\_

F. Your Telephone Number:

\_\_\_\_\_

**II. Eligibility**

A. Are you currently a resident of the City of Suffolk? Yes                 No           

B. Do you currently attend a public or private high school located in the City of Suffolk? Yes                 No           

If yes, which one?

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C. Are you a graduate of a public or private high school located in the City of Suffolk? Yes                 No           

If so, identify the school or home-school program from which you graduated and the year of your graduation.

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D. 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.)

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E. 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.

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**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.

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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 [wwinslow@suffolkfoundation.org](mailto:wwinslow@suffolkfoundation.org) any scholarships received after you have made application for the Blair 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. Extracurricular Activities**

A. Have you participated in any of the following activities?

1. Community Service	Yes	No	
Describe:	Years participated:		
_____			_____

2. Religious Activities	Yes	No	
Describe:	Years participated:		
_____			_____

3. Civic Activities	Yes	No	
Describe:	Years participated:		_____
_____			_____
4. Any Youth Programs in the City of Suffolk	Yes	No	
Describe:	Years participated:		_____
_____			_____
5. Any school programs at a college or university	Yes	No	
Describe:	Years participated:		_____
_____			_____

B. List all extracurricular activities not specified above in which you have participated in the last two years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. 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.

\_\_\_\_\_

APPLICANT'S SIGNATURE

\_\_\_\_\_

APPLICANT'S NAME (PRINT)

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

CITY AND ZIP CODE

***The application may be delivered or mailed to the Suffolk Foundation at 106 Finney Avenue on or before noon on the last work day in March.***