

SUFFOLK FOUNDATION

106 W. FINNEY AVE

SUFFOLK, VA 23434

HOWARD D. MAST MEMORIAL SCHOLARSHIP APPLICATION

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:

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.

Please email wwinslow@suffolkfoundation.org any scholarships received after you have made the 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. _____

IV. Extracurricular Activities

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

1. The Suffolk junior tennis program. Yes No
Years participated: _____

2. Your high school tennis team. Yes No
Years participated: _____

3. Any high school varsity sport. Yes No
If so, list sport/s and year/s participated _____

4. Any youth sports activities, other than tennis, in the City of Suffolk.
Yes No
If so, list sport/s and year/s participated _____

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.

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.

APPLICANT'S SIGNATURE

APPLICANT'S NAME (PRINT)

STREET ADDRESS

CITY AND ZIP CODE

The application must be received in Suffolk Foundation Office at 106 W. Finney Ave, Suffolk, Va, 23434 on or before the last work day in March.