

# Charlottesville Community Scholarship Application

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code Telephone

\_\_\_\_\_  
E-mail address Date of Birth

Permanent Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code Telephone

Parent(s) or Guardian \_\_\_\_\_

High School \_\_\_\_\_ Year of graduation \_\_\_\_\_

List any colleges or vocational programs you attended after high school, including dates.

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

College or technical school you plan to attend \_\_\_\_\_

Location of School \_\_\_\_\_  
City State Telephone

Degree/certificate you plan to pursue \_\_\_\_\_

Have you been admitted? \_\_\_\_\_

Current employer \_\_\_\_\_

Does your employer offer tuition assistance? \_\_\_ yes \_\_\_ no

List your work experience

Job Title	Employer	City, State	Dates	Hrs. per Wk.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Your marital status \_\_\_\_\_

Number of dependents (children or other individuals whom you support; do not count yourself) \_\_\_\_\_

Name of spouse \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Describe your career goals.** How do you intend to use the degree or training that you are seeking? Where do you see yourself ten years from now? You may attach a statement.

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If there are special circumstances you would like us to take into account in evaluating your application, such as personal obstacles you have overcome, please describe them here or on a separate sheet.

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**Please tell us how you plan to pay for your education:**

List your expenses. Include tuition, fees, books, rent or mortgage payments, health and car insurance, child care or child support payments, debts.

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List your income. Include income from employment if you plan to continue working, savings, assets, spousal or child support you receive, support from family members, other scholarships, and financial aid.

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Are there any unusual circumstances that might reduce your income or increase your expenses? If so, please explain.

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Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Does anyone support you or claim you as a dependent for income tax purposes? Yes No  
If yes, please provide the following information about the person who supports you:

Name	Relationship
Address	Telephone

**Copies of the following documents must be attached to this application or forwarded directly to the Charlottesville Community Scholarship Program (please write your name and Social Security Number on all attachments):**

- \_\_\_ High school transcript or transcripts or certificates from colleges or schools attended after high school
- \_\_\_ Your most recent federal income tax return or the most recent federal income tax return of the person claiming you as a dependent
- \_\_\_ Letter of recommendation: for current high school seniors, this letter must be from a teacher. For applicants who have been out of school less than three years, this letter must be from a former teacher or school administrator. Other applicants may submit a letter of recommendation from a current employer.
- \_\_\_ Character reference: a letter of recommendation from someone, other than a family member, who knows you well

**I certify that the information I have provided is true and complete to the best of my knowledge. If required, I agree to provide proof of this information. I realize that if the required documents are not provided, I may not be eligible for this scholarship.**

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Applicant's Signature/Date\*

Parent or Guardian's Signature/Date  
(dependent students only)

If you need assistance in completing this application, please call Ms. Kay Ruffner at 434-245-2682 or send an e-mail message to [ksr@cs.virginia.edu](mailto:ksr@cs.virginia.edu).

**\*By signing this application, you agree that, if you receive a scholarship, the Charlottesville Community Scholarship Program may make public your name (and that of your parent(s), guardian, or spouse, if applicable), the amount of the scholarship, the school you will be attending, and a brief summary of your qualifications and plans. You also agree to be contacted by a representative of the CCSP as appropriate. This agreement will be in effect as long as you are a scholarship recipient.**

<p style="text-align: center;"><b>Equal Opportunity Statement</b></p> <p>In accordance with federal law and the law of the Commonwealth of Virginia, the Charlottesville Community Scholarship Program does not discriminate on the basis of age, race, religion, national origin, sex, sexual orientation, military status, or disability.</p>
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