



Fairfax Education Association Mimi Dash Scholarship
MEMBER/EDUCATION PROFESSIONAL APPLICATION

I hereby make application for an FEA Education Scholarship.

Full Name: _____

Home Address: _____

Age _____

Social Security # (last 4 Only) XXX-XX-____

Phone Numbers/Email:

Home _____ Cell _____ E-Mail _____

1. I am applying for an FEA Education Scholarship in the amount of \$ _____

to be awarded for use in the: *(check one only)*

____ FALL 20____ SEMESTER

____ SPRING 20____ SEMESTER

Degree last earned: _____

in _____ date: _____

Major field of study: _____

Credit hours beyond this last degree: _____

2. The purpose of this scholarship is for my continued education in (fill in one—be specific):

UNDERGRADUATE program in (major) _____

At (institution) _____ Student ID# _____

Area of emphasis (if any) _____

or

GRADUATE program in (major) _____

At (institution) _____ Student ID# _____

PLEASE fill in the COMPLETE Name and address of Business Office /Bursar of College

3. Give one or two supporting sentences as to how this study will benefit you in your educational career:

4. On a separate sheet, please provide a well-constructed TYPED statement of no more than one page explaining your goals, visions, etc., honors/awards you may have received, and/or activities/organizations in which you actively participate (school, community, etc.). Include any extenuating circumstances that led you to apply for this scholarship. Give as much detail as you wish as to the reasons you are applying. (Although this is not a need-based scholarship, circumstances of need may be considered by the committee.)

5. Your Number of years in Fairfax County _____ Number of years of FEA membership _____

Total years educational employment experience _____

Your work location _____

Your current job title/role _____

Have you fulfilled any leadership roles in FEA? _____

Describe: _____

6. **Financial information:** Total household income _____

Number of children and ages: _____

Total number dependent on the above incomes _____

Explain _____

Are you receiving financial aid from any other source(s)? _____

Explain _____

7. ALL MEMBERS of FEA contribute to the scholarship fund through their association dues. However, some members have chosen to contribute separately on their own.

Have you been a voluntary contributor to the scholarship fund? _____

How long/how often? _____

8. I Understand That Failure To Complete Course Requirements Will Necessitate Repayment Of Monies Awarded To The Fairfax Education Association. Furthermore, I verify that all above information is true and correct to my knowledge.

Signature

Date

TRANSCRIPT REQUIRED— *Applicant must forward high school transcript and/or college transcript to show current coursework, if any. Please forward MOST RECENT transcript with every application.*

Filing deadlines: **Must be received in the FEA office by close of business May 1 for the Fall semester or November 1 for the Spring semester.**

RETURN TO: Scholarship Committee, FEA Office
3917 Old Lee Highway
Fairfax, Virginia 22030

ALL INFORMATION PROVIDED IS CONFIDENTIAL

Upon receipt of an application, a postcard acknowledgement will be mailed the next business day. Failure to receive a card should alert applicant to a problem.

