



Fairfax Education Association Mimi Dash Scholarship
CHILD OF MEMBER APPLICATION

I hereby make application for an FEA Education Scholarship.

Full Name _____

Home Address _____

Age: _____ Social Security # _____

Phone Numbers: Home _____ Business _____ Cell _____

(Parent phone contact, if you wish to give it) _____

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

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

UNDERGRADUATE program in (major) _____

At (institution) _____

or

GRADUATE program in (major) _____

At (institution) _____

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

3. In addition to the evaluation of your transcript, the Committee will examine honors/awards you have received, and/or activities/organizations you have been actively participating in (high school, college, community). Please list these items, and include any special roles you might play in clubs, etc.

4. Are you majoring in education? Give one or two supporting sentences. If undecided, give some details about your plans after graduation.

5. On a separate sheet, please provide a TYPED statement of no more than one page explaining your goals, visions, etc. and any extenuating circumstances that led you to apply for this scholarship. Give as much detail as you wish to provide as to the reasons you are applying. (Although this is not a need-based scholarship, circumstances of need may be considered by the committee, so please provide as much information as you desire in your paragraph if not covered in # 7 below).

6. Are you the son/daughter of an FEA member? _____

Name of the member _____

7. Financial information

Do you have a sibling in college? _____ If so, list college and class year (freshman, sophomore, etc.) on reverse of this form.

Occupation of father _____

Work location _____ Salary _____

Occupation of mother _____

Work location _____ Salary _____

Total number dependent on the above incomes _____

Explain _____

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

Explain _____

Do you expect to have to work to earn money while you're attending classes? _____

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

Are you the child of a voluntary contributor to the scholarship fund? _____

Name of contributor _____

9. 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.**

