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| **2024 Merit Award****Application Guide** |
| What is a Minor Preston Merit Award? | * $1,500 award – may be renewed in subsequent years if satisfactory academic progress is shown
 |
| *Who is eligible to apply?* | * Albemarle and Charlottesville public high school seniors
* First generation to go to college, minority, or immigrant
* Demonstrated financial need
* Academic record sufficient for admission to college
 |
| *What is the application process?* | * Application available from School Counseling
* Return application to School Counseling
* School Counseling must submit by March 29
* Recipients announced by April 15
 |
| *What is required to apply?* | * Applicant and parent/guardian information
* Essay
* High school grade transcript
* Academic evaluation by school
 |
| *For further information—* | Brian Menard | Executive Director434-963-9961; director@minorpreston.org |

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**2024 Merit Award**

# Section A | Applicant Information

# *application deadline – March 29*

## Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name |  |  |  |  |
|  | Last | First | Middle |  |

|  |  |  |
| --- | --- | --- |
| Home Address |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth |  | Social Security No.  |   | High School |  |

*Based upon the following U.S. Census Bureau categories, I am:*

American Indian or Alaska Native (including all Original Peoples of the Americas) [ ]

Asian (including Indian subcontinent and Philippines) [ ]

Black or African American (including Africa and Caribbean) [ ]

Hispanic or Latino (including Spain) [ ]

Native Hawaiian or Other Pacific Islander (Original Peoples) [ ]

White (including Middle Eastern) [ ]

## Estimated Educational Costs

|  |  |  |
| --- | --- | --- |
| List what you know about costs for the top three schools to which you have applied. |  |  |

|  |  |  |
| --- | --- | --- |
| school name | annual tuition | other educational costs |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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|  |  |  |  |  |

## Employment

List all of your employment experiences for the last three years. Please include the name of your employer, the dates of employment, and your position or role. If you prefer, you may attach a resume with this information.

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## Extracurricular Activity

List all of your extracurricular activities at school and elsewhere. Please include any honors or awards you have received and leadership positions you have held. For all activities, please indicate the year(s) (i.e., freshman, sophomore, etc.). Attach a separate sheet, if necessary. If you prefer, you may attach a resume with this information.

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## Essay

Please provide a typed essay of at least 500 words describing three things you plan to do to ensure success in your first year of college.

## Application Checklist

*Have you read the Application Guide and done the following?*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Completed all sections of the application? | YES[ ]  | NO[ ]  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Provided your Social Security number? | YES[ ]  | NO[ ]  | If no, please explain: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Provided your essay? | YES[ ]  | NO[ ]  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted the above along with your parent / guardian information to your** **school counselor?** | YES[ ]  | NO[ ]  |  |

I understand that an incomplete application will result in my not being considered for a scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant |  | Date |  |

|  |  |  |  |
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**2024 Merit Award**

# Section B | Parent or Guardian Information

# *application deadline – March 29*

## Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Father’s Name |  |  |  |  |
|  | Last | First | Middle |  |
| Home Address |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation |  | Annual Income |  | Age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mother’s Name |  |  |  |  |
|  | Last | First | Middle |  |
| Home Address |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation |  | Annual Income |  | Age |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guardian’s Name |  |  |  |  |
|  | Last | First | Middle |  |
| Home Address |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Phone |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Occupation |  | Annual Income |  | Age |  |

Dependents

*List those (other than the applicant) who depend upon you for financial or other support.*

|  |  |  |  |
| --- | --- | --- | --- |
| name of dependent  | relationship | age | status (In school / Working / Unemployed / Retired) |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Financial Information

**Total Assets**

Include the value of any home you own, your savings, and any investments. (If none, please enter “0”.)

|  |
| --- |
| home $ |
| savings $ |
| investments $ |

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

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Total LiabilitiesIf you own a home, include your mortgage balance. Also include other loans or debts.(If none, please enter “0”.)

|  |
| --- |
| mortgage $ |
| loans $ |
| other debts $ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Special Circumstances *Describe any financial, employment, financial or health circumstances that affect family income or expenses.* |
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## Application Checklist

*Have you read the Application Guide and provided:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Complete parent or guardian information, including income, assets, and liabilities? | YES[ ]  | NO[ ]  | If no, please explain: |  |
|  |  |  |  |  |
| Any special circumstances that explain your child’s financial need? | YES[ ]  | NO[ ]  |
| Returned this form to your child’s school counselor? | YES[ ]  | NO[ ]  |

I understand that I must provide complete information on this form for my child to be considered for a scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent or Guardian |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
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**2024 Merit Award**

# Section C | Certification of Grades | Academic Evaluation of Applicant

##### This section is to be completed by the school counselor

## Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name |  |  |  |  |
|  | Last | First | Middle |  |

|  |  |  |
| --- | --- | --- |
| GPA |  |  |

## College Entrance Test Scores | *Indicate if not required by school*

|  |  |  |
| --- | --- | --- |
| Does this student qualify for either an SAT or ACT fee waiver? Yes [ ]  No [ ]  |  |  |

# SAT

|  |
| --- |
| Reading/Writing |
| Math |
| Essay (if opted for) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACT

|  |
| --- |
| English |
| Math |
| Reading |
| Science |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Academic Evaluation of Applicant

*Minor Preston Merit Awards* are made on the basis of both the applicant’s financial need and the likelihood that he//she will succeed in college if offered financial resources. So that the Selection Committee might evaluate all applicants consistently, please address with specificity each of the following criteria in your evaluation of this applicant:

* Strength of academic program and coursework
* Initiative, motivation, and intellectual curiosity
* Educational and career goal-setting
* Character and maturity

In addition to an evaluation of the applicant on these four criteria, the Selection Committee welcomes any additional information that the applicant’s counselor or teacher(s) believe would benefit the Committee’s review.

## Application Checklist

Please ensure that the applicant has completed the application to the best of their ability and has provided the following:

[ ]  Section A: Applicant Information

[ ]  Section B: Parent or Guardian Information

## Certification

* I have reviewed and attached an academic evaluation completed by a counselor or teacher.
* I certify that the attached grade transcript and college entrance test scores are complete and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of School Counselor |  | Date |  |

|  |  |  |  |
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