Brown v. Board of Education Scholarship Program

Award Application for Directly Affected Individuals

2024–2025 Academic Year <u>New and Renewal Applications Accepted through April 12, 2024</u>

All scholarships are awarded to begin in the FALL TERM

Mailing Address:				
Do not use post office box (mailing address)	(city)	(state)	(zip code)	
Birth Date://	Phone Number: ()		
E-mail address, if available:				
Where were you then? Tell us where you were and how the	school closings of 1954—1964	4 affected you.		
1. Where did you live during the time that your school was clos	ed? (list county or city)			
2. What was the name of your school that was closed? (<u>Informa</u>	ition will be verified)			
3. What grade were you enrolled in during the school closings?				
4. How were you affected? (Check one)				
Did not attend school		Attended school out-of-state		
Attended on and one of foundation		Was Tutored		
Attended an academy or foundation		Wus Ioloid	Ju	
Attended an academy or toundation		Other (plea		
Attended school in another Virginia school divi	sion	Other (plea	ıse explain)	
Attended school in another Virginia school divi 5. What is the highest grade or level of education you have now Where will you be enrolled in school? Tell us wh	sion	Other (plea	ıse explain)	
Attended school in another Virginia school divi 5. What is the highest grade or level of education you have now Where will you be enrolled in school? Tell us wh	sion w completed? here you plan to use your scho	Other (plea	ıse explain)	
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Attended school in another Virginia school divi 5. What is the highest grade or level of education you have now Where will you be enrolled in school? Tell us wh 1. I will be enrolled in a: transitional education or CLEP preparation GED program adult high school diploma program career or technical education or skills train two-year degree program four-year degree program master's degree program	v completed?	Other (plea	ıse explain)	

4. Address of institution:

5. Please attach a letter of acceptance or proof of enrollment at a qualified institution.
Renewal Applicants: please attach proof of continued enrollment or enrollment in a new program.

Where are you now?

In order to qualify for your award, you must be a domiciled res not be processed without this information.	ident of Virginia for a	t least <u>one</u> year.	Your application will
1. Have you always lived in Virginia? YES NO If "NO," in wha	t year did you move back	to Virginia?	
2. Please list where you have lived during the past <u>two</u> years:			
(list state and county or city)		(list month and year)	
3. To determine your domicile, check the appropriate box below. Also p and a Virginia address that is <u>at least one year old</u> :	provide a copy of <u>one</u> of t	he documents below	showing your name
Do you hold a current driver's license or identification card in: Did you file a state income tax return in 2023: Are you registered to vote in: Do you own a vehicle that is registered in:	Virginia 🗆 Virginia 🗅 Virginia 🗅 Virginia 🗅	Other 🖵 Other 🖵 Other 🖵 Other 🗖	Does Not Apply Does Not Apply Does Not Apply Does Not Apply
If you checked "Does Not Apply" to any of the above, submit a docume addition to the two requested.	INT TROM THE LIST IN #4 DEI	ow that is <u>at least</u>	one year old in
4. To verify current residency, attach a copy of \underline{two} of the following dominant to the f	cuments that are <u>not mo</u>	re than 60 days a	<u>lld</u> :
 Monthly bank statement in your name to your Virginia address Utility bill in your name to your Virginia address (cellular phone of Cancelled check with your name and Virginia address imprinted If active-duty military, a copy of your Leave and Earnings Statem In compliance with #3 and #4 above, submit a total of three (3) do requested. 	ent (LES) showing Virginia	as your domicile	less than 60 days old as
RENEWAL APPLICANTS ONLY must demonstrate satisfactory academ appropriate box and attach the documents that apply:	ic achievement during th	1e previous acaden	nic year. Please check the
 Copy of transcript of 2023 fall semester (must be submitted together v approved for a scholarship, a final 2023-2024 academic year transcript must Documentation of passage of GED test or CLEP examination(s) Documentation from educational program or institution indicating completio an adult high school diploma program, career and technical education or ski 	t be submitted by June 1, 202 n of program requirements,	24 if enrolled in a transit	-
I hereby affirm the above information is true as presented and/or its agents to verify such information solely for the program.			
Signed:		Date:	
SURV	<u>′EY</u>		
To aid the Committee in projecting the duration of the balance in the Prog	ıram's Fund, please indica	te your educational	goals:
I plan to continue my education until I earn the(name :	the degree)	degree.	
APPLICATION	5 ,		

Complete applications will include:

- This form, signed and completed
- Proof of acceptance or enrollment in a qualified program
- One document verifying domicile
- Two documents verifying residency