

**Brown v. Board of Education Scholarship Program**  
**Award Application for Directly Affected Individuals**  
2025–2026 Academic Year **New and Renewal Applications Accepted through April 11, 2025**  
**All scholarships are awarded to begin in the FALL TERM**

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Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Do not use post office box** (mailing address) (city) (state) (zip code)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-mail address, if available: \_\_\_\_\_

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**Where were you then?** Tell us where you were and how the school closings of 1954–1964 affected you.

1. Where did you live during the time that your school was closed? (list county or city) \_\_\_\_\_

2. What was the name of your school that was closed? (Information 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 an academy or foundation

\_\_\_\_\_ Was Tutored

\_\_\_\_\_ Attended school in another Virginia school division

\_\_\_\_\_ Other (please explain)

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5. What is the highest grade or level of education you have now completed? \_\_\_\_\_

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**Where will you be enrolled in school?** Tell us where you plan to use your scholarship in the 2025-2026 academic year.

1. I will be enrolled in a:

\_\_\_\_\_ transitional education or CLEP preparation program

\_\_\_\_\_ GED program

\_\_\_\_\_ adult high school diploma program

\_\_\_\_\_ career or technical education or skills training program

\_\_\_\_\_ two-year degree program

\_\_\_\_\_ four-year degree program

\_\_\_\_\_ master's degree program

\_\_\_\_\_ doctoral degree program

\_\_\_\_\_ professional degree program

2. If applicable, list the name of your degree program or area of study:

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3. Name the institution in which you will be enrolled:

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4. Address of institution:

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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 resident of Virginia for at least one year. Your application will not be processed without this information.**

1. Have you always lived in Virginia? \_\_\_\_ YES \_\_\_\_ NO If "NO," in what year did you move back to Virginia? \_\_\_\_\_

2. Please list where you have lived during the past **two** years:

(list state and county or city)

(list month and year)

_____	-	_____
_____	-	_____
_____	-	_____

3. To verify current **residency**, attach a copy of **two** of the following documents that are **not more than 60 days old**:

- ☐ Payroll check stub from a Virginia employer
- ☐ Monthly bank statement in your name to your Virginia address
- ☐ Utility bill in your name to your Virginia address (cellular phone and pager bills are not accepted)
- ☐ Cancelled check with your name and Virginia address imprinted
- ☐ If active-duty military, a copy of your Leave and Earnings Statement (LES) showing Virginia as your domicile

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**RENEWAL APPLICANTS ONLY must demonstrate satisfactory academic achievement during the previous academic year.** Please check the appropriate box and attach the documents that apply:

- ☐ Copy of transcript of 2024 fall semester (**must be submitted together with application**), if enrolled in an institution of higher education. If approved for a scholarship, a final 2025-2026 academic year transcript must be submitted by June 1, 2025
- ☐ Documentation of passage of GED test or CLEP examination(s)
- ☐ Documentation from educational program or institution indicating completion of program requirements, if enrolled in a transitional education program, an adult high school diploma program, career and technical education or skills training program, or two-year degree program

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**I hereby affirm the above information is true as presented and authorize the *Brown v. Board of Education* Committee and/or its agents to verify such information solely for the purpose of establishing my eligibility for the scholarship program.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SURVEY

To aid the Committee in projecting the duration of the balance in the Program's Fund, please indicate your educational goals:

I plan to continue my education until I earn the \_\_\_\_\_ degree.  
(name the degree)

### APPLICATION CHECKLIST

Complete applications will include:

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