



Brown v. Board of Education SCHOLARSHIP COMMITTEE

Pursuant to § 30-231.01 et seq., Code of Virginia

***Brown v. Board of Education* Scholarship Program**

Award Application for Descendants | Submit no later than April 11, 2025

2025–2026 Academic Year

All scholarships are awarded to begin in the fall term.

Part I. Applicant Information	
Name	
Address	
Email Address	
Primary Phone	
Date of Birth	

Part II. Education (high school and beyond, as applicable)			
<i>Please submit with your application a copy of your most recent school transcript.</i>			
Name of Institution	Degree (if applicable)	Year Enrolled	Year Completed

Part III. Directly affected relative

In order to be eligible for this scholarship, you must be a lineal or collateral descendant of a person who (i) resided in a jurisdiction in Virginia between 1954 and 1964 in which the public schools were closed to avoid desegregation and (ii) was directly affected by the school closings, as described in subsection G of § 30-231.2 of the Code of Virginia.

Name of relative	
Relationship to you	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt or Uncle <input type="checkbox"/> Other (please describe) _____
Locality where relative lived at the time of the school closings	<input type="checkbox"/> Arlington <input type="checkbox"/> Prince Edward County <input type="checkbox"/> Charlottesville <input type="checkbox"/> Warren County <input type="checkbox"/> Norfolk
Name of school that was closed	
Relative's age at the time of the school closings	
How was your relative affected?	<input type="checkbox"/> Did not attend school <input type="checkbox"/> Attended an academy or foundation <input type="checkbox"/> Attended school in another Virginia school division <input type="checkbox"/> Attended school out-of-state <input type="checkbox"/> Was tutored <input type="checkbox"/> Other (please describe) _____
<i>If multiple relatives were directly affected, please attach additional pages with this information for each affected relative.</i>	
Briefly describe the effect of the school closings on your family.	

Part IV. Where do you plan to enroll in the 2024-2025 academic year?

Please submit with your application, if available, or else no later than June 1, 2025, confirmation of your 2025-2026 academic year enrollment. Final award of this scholarship is contingent on verification of enrollment in the program described below or a substantially similar program.

Name of Institution	
Degree program or area of study, if applicable	
Please select one:	<input type="checkbox"/> I am enrolling in this school or program for the first time. <input type="checkbox"/> I am currently enrolled in this school or program and have been enrolled since _____.

Part V. Domicile and Residency

In order to qualify for this scholarship, you must be a domiciled resident of Virginia for at least one year. Domicile must be verified by the student's institution or by the student after acceptance into the program.

Please select one:	<input type="checkbox"/> I am a domiciled resident of Virginia. <input type="checkbox"/> I am not a domiciled resident of Virginia
--------------------	---

To verify your **residency**, please attach a copy of **two** of the following documents that are **not more than 60 days old** in your name or the name of your legal guardian:

- ☐ Payroll check stub from a Virginia employer
- ☐ Monthly bank statement showing your Virginia address
- ☐ Utility bill showing your Virginia address
- ☐ Cancelled check showing your Virginia address
- ☐ If active-duty military, a copy of your Leave and Earnings Statement (LES) showing Virginia as your domicile

Part VI. Free Application for Federal Student Aid (FAFSA)

*Please complete the Free Application for Federal Student Aid (FAFSA). (Students who **cannot** complete a FAFSA may complete a Virginia Alternative State Aid Application.)*

- ☐ I have completed and submitted the Free Application for Federal Student Aid (FAFSA).
- ☐ I have not completed the FAFSA but will do so no later than May 1, 2025.
- ☐ I am planning to attend a program for which the FAFSA is not applicable.

I affirm that the information in this application is true as presented and authorize the Brown v. Board of Education Scholarship Committee or its agents to verify such information solely for the purpose of establishing my eligibility for the scholarship program.

I understand that, pursuant to § 30-231.3 of the Code of Virginia, it is a Class 3 misdemeanor to use a false or fictitious name or give a false or fictitious address in any application for a scholarship or knowingly make a false statement or conceal a material fact or otherwise commit a fraud in any such application.

Signed: _____ Date: _____

Complete applications will include:

- ☐ This form, signed and completed
- ☐ Student's most recent transcript
- ☐ **Two** documents verifying residency, as required in Part V
- ☐ **If available**, confirmation of acceptance or enrollment in a qualified program
If not currently available, must be submitted no later than June 1, 2025
- ☐ Confirmation of FAFSA submission or intent to submit FAFSA

Submit completed applications to **brownscholarship@dls.virginia.gov** or by mail to:

Brown v. Board of Education Scholarship Committee, General Assembly Building, 4th Floor
201 N. 9th Street, Richmond, VA 23219