

**MILDRED A. MASON MEMORIAL SCHOLARSHIP FOUNDATION
P. O. BOX 9175
HAMPTON, VA 23670**

The Mildred A. Mason Memorial Foundation will award one or more scholarships annually to an individual who fits one of the following categories:

1. An individual who is planning to enter a non-degree career and technical education program to become a health care worker and has been admitted to an approved program in Virginia.
2. A health care worker desiring further education in his or her chosen field, who has completed a technical health and medical science program, and has been admitted to an approved program in Virginia.
3. A professional health care worker pursuing a planned program of instruction for the purpose of teaching in a technical health and medical science program in Virginia.
4. A Virginia technical health and medical science educator who has been accepted into a planned program of study leading to a higher degree in his or her profession or in education. (The scholarship is not intended for use in teacher certification.)

The value of the scholarship will be at least \$500 unless the cost of the program is less. A check for the scholarship will be made payable to the school after the recipient begins the program. Notification of the award will be made by June 1st.

CRITERIA

1. Virginia residency
2. Documented academic ability
3. Personal qualities which show promise of success
4. Well defined career goals

The Scholarship Committee will not discriminate on the basis of sex, religion, age, race, disability or national origin.

PROCEDURE FOR APPLICATION

The applicant **MUST** submit the following to the Scholarship Committee:

1. A completed application accompanied by a letter from the applicant describing his or her educational goals.
2. Three sealed letters of recommendation from such persons as former instructors, employers, school personnel, advisors or guidance counselors.
3. Sealed transcripts including high school and/or proof of GED (General Education Development).
4. Verification of admission to an approved program in Virginia. If not available at time application is mailed, it must be sent prior to disbursement of scholarship check.

The Scholarship Committee may request the applicant to have an interview with one or more of its members.

All information is to be submitted with the application and must be postmarked by April 1st. Applicants may reapply yearly.

OBLIGATION

After selection has been made, the applicant receiving the award must agree in writing to have the school send to the Mildred A. Mason Memorial Scholarship Foundation a copy of the grade report each semester or quarter of the school year in which the award is given.

The recipient will be expected to refund the amount awarded if unsuccessful in completion of the chosen educational program.

THE MILDRED A. MASON MEMORIAL SCHOLARSHIP FOUNDATION
P O BOX 9175
HAMPTON, VA 23670

Application
Deadline: April 1

Part I. Personal Data

Name _____

Mailing Address _____

Area Code/Telephone _____ Social Security No. _____

Birthdate _____
—

Name of Closest Relative _____ Relationship _____

Address _____

Area Code/Telephone _____

Are you a resident of Virginia? Yes ___ No ___ If yes, how many years? _____

Name of school where attending/applying _____

Expenses: Tuition _____ Room & Board _____ Other _____

Part II. Occupational Experience (list most recent employment first)

1. Name of Employer _____ Address _____

Beginning and ending dates of employment _____

Responsibilities/Duties _____

Reason for Leaving _____

2. Name of Employer _____ Address _____

Beginning and ending dates of employment _____

Responsibilities/Duties _____

Reason for Leaving _____

Part III. Education and Other Experience

List schools attended including any in which you are currently enrolled:

School	Location	Dates Attended	Field of Study	Graduation Date/ Degree

Note any educational achievements:

School or Community Interests: Activities in which you participated, held office, etc.

Part IV. References

List the three persons you are asking to write letters of recommendation for you. State in what relationship you know them.

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

Name _____ Relationship _____

Address _____

Signature of Applicant _____ Date _____

MILDRED A. MASON MEMORIAL SCHOLARSHIP FOUNDATION
P. O. Box 9175
Hampton, VA 23670

PROMISSORY AGREEMENT

I promise that I will use this scholarship to help meet the expenses I incur as I pursue an education to become a health care worker.

If some unforeseen event should occur which would prevent me from completing my planned program of study, I promise to repay the amount of the award in full within two years after I cease to be enrolled. I also promise to notify the Foundation if and when such an event should occur.

Applicant's Signature

Date

Application Check List

Submit the following application materials:

- ___ Completed application form
- ___ Personal letter describing educational goals
- ___ Three (3) sealed letters of recommendation
- ___ Sealed transcripts and/or proof of GED
- ___ Signed Promissory note and check list
- ___ Verification of admission into an approved program, if available

NOTE: Only those applicants who have submitted all of the above materials with a postmark of April 1st will be considered.