



# DR. JO LYNNE S. DEMARY SCHOLARSHIP 2011-2012

## **INTRODUCTION**

The Dr. Jo Lynne S DeMary Scholarship in the amount of **\$1,000** was created by the Henrico Education Foundation to assist students planning to teach mathematics, science, exceptional education or ESL. It is a fitting tribute to Dr. DeMary and her lifelong career as an educational leader at the local, state and national levels. These funds may be used for tuition, books or other school related costs and will be paid directly to the educational institution.

## **ELIGIBILITY CRITERIA:**

### **Applicant must:**

- \* • **Be a senior planning to obtain a Virginia teaching license in math, science, exceptional education or ESL**
- Have a financial need for the scholarship
- Be a permanent U.S. Citizen or permanent U.S. resident at the time of application
- Possess a minimum GPA of 3.0
- Submit evidence of leadership qualities
- Demonstrate a desire to teach in the Commonwealth of Virginia

*\*Criteria denotes primary focus*

## **APPLICATION INSTRUCTIONS**

- Applications should be filled out with care and attention to detail.
- The scholarship will be awarded at the student's Senior Awards Assembly.
- A school transcript including test scores, SAT and ACT scores must accompany the application.
- Attach a letter of recommendation from a teacher, counselor or principal.
- Scholarship funds will be paid directly to the college or university the student is attending.
- The Henrico Education Scholarship Screening Committee may request an interview with final candidates.
- Applications should be submitted to the high school Guidance and School Counseling Department by the date designated by the school. It is the responsibility of the student to obtain the due date.

**Note: Quotations from the winner's application may be used in the Foundation's Annual Report.**



Henrico  
Education  
Foundation

DR. JO LYNNE S. DEMARY  
SCHOLARSHIP  
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APPLICATION

**INSTRUCTIONS:** The student should complete Section I, II and III of this application and give it to his/her school counselor to complete Section IV.

**I. STUDENT INFORMATION**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Social Security No. \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Name of High School Now  
Attending \_\_\_\_\_

List special recognition/honors/awards received:

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

List co-curricular activities in which you participate:

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

List community activities in which you participate:

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

List any special interests and/or hobbies you have:

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

Name and Location of College/University You Plan to Attend \_\_\_\_\_

Have you applied to attend? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you been admitted? \_\_\_\_\_ Yes \_\_\_\_\_ No

Total tuition and fees for the year \_\_\_\_\_

**II.** On a separate sheet, attach a typed essay (not to exceed 250 words) detailing your reasons for pursuing a career in teaching math, science, exceptional education or ESL.

**III. FAMILY INFORMATION**

(NOTE: If the student is in foster care or under the care of a guardian, please so indicate and substitute the appropriate information.)

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Total Annual Income \_\_\_\_\_

Number of other children in household \_\_\_\_\_ Ages of other children in household \_\_\_\_\_

Are you applying for other scholarships? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Name of scholarship (S) \_\_\_\_\_

Value: \$ \_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian Signature**

**IV. COUNSELOR'S INFORMATION**

(Please attach a copy of the student's transcript.)

Student's Current G.P.A. \_\_\_\_\_ Standing in the Class \_\_\_\_\_

Student's Latest SAT or ACT Scores: Verbal \_\_\_\_\_ Math \_\_\_\_\_

Other Appropriate Testing Information \_\_\_\_\_

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**CERTIFICATION**

I have reviewed the information contained herein with the student and certify that it is accurate and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Counselor's Signature**