



Viscount Foundation, Inc.  
Education Through Opportunity

## **Viscount Foundation, Inc.**

**(501 © (3) organization)**

# **Annual Grant and Scholarship Program**

## **Scholarship Application - 2020**

*Newly established (Since 2016), Viscount Foundation, Inc in partnership with the Sigma Pi Phi Delta Xi Fraternity, has awarded financial scholarships to college bound, African American male high school seniors. Viscount Foundation, Inc. is providing a platform to award academic scholarships and to recognize young men of color for their contributions to society in the greater LA/North Orange county and Inland Empire communities.*

### **Scholarship Awards**

Scholarships are awarded to graduating seniors of LA/North Orange county and Inland Empire area high schools. These awards are presented, and the awardees are honored at our June Sigma Pi Phi event.

Applicants must be an African American male high school senior, who will graduate by June of this academic year, and has qualified for college enrollment beginning September of the academic year immediately after graduation.

### **Who is Eligible**

1. Applicants must have a cumulative grade point average of 2.7 or above.
2. Applicants must enroll in an accredited 4 Year college or university beginning September of the academic year immediately after graduation from high school.
3. Applicants must have been involved in community service.
4. Applicants must have demonstrated leadership abilities within their school or communities.

Applications must be **postmarked by April 6, 2020**. Early applications are accepted and encouraged. **Viscount Foundation, Inc.**  
**P.O. Box 4438, San Dimas, CA 91773**

### **How to Apply**

1. The Scholarship Application Information Form (reverse side) must be signed by the school's college advisor or counselor.
2. A type written composition - double spaced, no less than 10pt font, not to exceed 2 pages that includes the following: (a) Explanation of what effect or importance a college education will have on the applicant's future.  
(b) Summary of Applicants leadership roles and community service.  
(c) An explanation of financial need.  
(d) A summary of applicant's future aspirations.
3. Two (2) letters of recommendation. One from a faculty member, and one from a community member. Letters from immediate family members will not be accepted.
4. An official transcript including the most recent semester
5. A recent photograph, minimum 3x5, Headshot (Full Color preferred) **NO STUDIO PROOFS PLEASE.**

### **GENERAL INFORMATION**

1. APPLICATIONS THAT ARE INCOMPLETE, IMPROPERLY FORMULATED, OR MAILED AFTER THE DEADLINE WILL NOT BE CONSIDERED.
2. All Foundation decisions are final.
3. The awards will be distributed directly to the recipient upon verification of enrollment in an accredited four (4) year college or university. Registration documentation will be required.
4. Selected awardees and one (1) guest will be invited & recognized at our June Meeting.

FOR ADDITIONAL INFORMATION visit our **Scholarship Chair's email address, [sam.wright.b33g@statefarm.com](mailto:sam.wright.b33g@statefarm.com)**.  
**Please provide contact info.**



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*An Approved Public Service Charity*

**Scholarship Application Information Form**

NAME OF SCHOLAR: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

***I certify that I am a graduating senior in good standing at \_\_\_\_\_  
High School and expect to enroll at***

\_\_\_\_\_  
***University/College in September of the year immediately following my high school  
graduation.***

***Scholar's Signature:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE SCHOOL COUNSELOR**

This is to certify that \_\_\_\_\_ has a cumulative GPA of \_\_\_\_\_  
and that the attached composition is the original work of the above-named scholar.

(Attach a copy of the scholar's transcript, and the counselor's or administrator's business card.)

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
Counselor/Administrator