



THE CENTRAL HIGH MUSEUM, Inc.
P O Box 764
Charlotte Court House, VA 23923

THE CENTRAL HIGH MUSEUM SCHOLARSHIP APPLICATION YEAR _____

Please type your responses to complete the form.			
1.	Last Name:	First Name:	Middle:
2.	Mailing Address: Street: City: State: Zip:		
3.	Daytime Telephone Number: () Email Address:		
4.	Date of Birth: Month Day Year	Gender:	
5.	Please provide the following along with your application submission: A. Copy of school transcripts or report card with the last 3 marking periods. B. A Letter of Recommendation from a school teacher or faculty member.		
6.	Name and address of the current school attending:		
7.	G.P.A. _____ (2.5 or better)		
8.	Name & address of parent(s) or legal guardian(s): (Include address if different than your own listed in Question 2.) Name(s): Street: City: State: Zip: Home phone no. of parents or legal guardians: Work phone:		

9. On a separate sheet of paper please provide a typed essay (250 - 300) words answering the question below:

1.) What is the importance of having The Central High Museum in Charlotte County, VA?

10. List school activities and activities outside of school that you are involved in:

11. How can you help to support the continued success of "The Central High Museum"?



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12. Which College, Vocational, or Technical institution do you plan to attend and why?

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I also consent that if chosen as a scholarship winner my picture may be taken and used to promote the scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship winner, according to The Central High Museum Scholarship Committee, I must be present at any potential awards ceremony, event, or reception to receive my scholarship award.

I hereby understand I will not submit this application without providing all required attachments and supporting documents. Incomplete applications submissions and/or applications that do not meet the eligibility criteria will not be considered for this scholarship award.

Signature of scholarship applicant: _____

Date: _____

Checklist

- Application
- Essay
- School Transcript
- Letter of Recommendation

MAIL COMPLETE APPLICATION PACKAGE TO:

**Mr. George Smith
6195 Crymes Rd., Victoria, VA 23974**

REMINDER:

**The deadline for this application to be received is:
June 30, 20__ by 5:00 p.m. NO EXCEPTIONS!**