



JV McRae Foundation Inc.
P. O. Box 570268
Dallas, Texas 75357

JV McRae Foundation Inc. Vera Bailey Legacy Scholarship

Application Summary

Instructions:

1. Read the entire application before you begin completing it. Use blank paper to compose answers so that you can transfer them onto the application form in a neat and orderly fashion. You may type or print neatly on the application form.
2. Attach/upload a photo of yourself to the application. This photo should be conservative. By signing this application, you release the JV McRae Foundation Inc. to use your photograph and biographical information for possible articles in the media and/or website.
3. You will need to request a letter of recommendation from one adult (non-relative) who knows your academic ability, special talents, and character. The letter should be written by a school official on school letterhead, such as your counselor, principal, teacher, etc. or a community leader, minister or supervisor from your employer. Please be sure the writer signs the letter. The letter should be addressed to JV McRae Foundation Inc., **JV McRae Vera Bailey Scholarship Application**, P.O. Box 570268, Dallas, Texas 75357.
4. Provide the following with your completed application:
 - a. An official copy of your transcript through December 31, 2025, (or the end of the fall 2025 semester) that contains your rank in class, the number of students in your graduating class, and SAT or ACT test scores.
 - b. One letter of recommendation: School personnel, civic leader, minister, or work supervisor (non-relative) in the community.
5. Your complete packet of materials must be **postmarked by May 23, 2026**. Applications postmarked after this date or with incomplete information will not be considered. Materials must be received as a packet and will not be accepted separately.

Conditions:

1. Eligible female or male students who are graduating from high school with a B (3.00) or higher overall grade point average, applied for admission and plan to attend the University of Arkansas – Pine Bluff (UAPB) should apply for this scholarship.
2. The application form must be fully completed with transcript through December 31, 2025, photo, rank in class, number in graduating class, and the two letters of recommendation, as specified in Item 3 of the instructions above are required.
3. The Scholarship Committee will screen application packets and select finalists. The Scholarship Interview Committee will notify finalists of the interview time and place.
4. The selected recipient will receive a one-time undergraduate scholarship valued at \$500.00 payable to the college Financial Aid Office.
5. Provide proven acceptance and enrollment to at UAPB.
6. Provide record of participation in school and civic activities and attach the community service documentation form provided in this packet or official service statement.
7. The Scholarship may be forfeited if the recipient does not meet the eligibility factor below:
 - a. Failure to submit transcript and class schedule within a reasonable amount of time to receive scholarship payment

Deadline for submission: **May 23, 2026** (Applications must be received by mail or emailed to Scholarship@JVMcRaeFoundation.com by May 23, 2026).

Amount of Scholarship: \$500

Contact:

JV McRae Foundation Inc.
C/O Scholarship Committee
P. O. Box 570268
Dallas, TX 75357
Scholarship@Jvmcraefoundation.com



SCHOLARSHIP APPLICANT

RELATIONSHIP DISCLOSURE STATEMENT

This Disclosure Statement is to determine if the scholarship applicant has a familial relationship with members of JV McRae Foundation (Foundation) or with an outside major contributor of the Foundation. “Major contributor” is defined as a non-member who contributed or bequeathed a total amount of more than \$10,000 to the Foundation. A person with such a relationship shall be disqualified from receiving scholarships.

Please select one:

- The Applicant is not aware of a family relationship to any member of JV McRae Foundation Inc.
- The Applicant is aware of the following blood relationship to the following member of JV Foundation Inc.

I understand by affixing my signature, if I have a familial relationship with a member(s) of JV McRae Foundation Inc., I am not eligible to apply for this scholarship.

Name: _____

Relationship: _____

Applicant Name:

Printed Name

Signature

Date

FOR OFFICIAL USE

Verified By: _____ Date: _____



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JV McRae Foundation Inc.
Vera Bailey Legacy Scholarship Application
Attach/Upload photo

Please Print or Type

Name _____
(Last) (First) (MI)

Home Address _____

City _____ State _____ ZIP _____

Email Address _____

Social Security # (Last 4 Digits) _____ Telephone# _____ DOB _____

Parent(s) name _____

Parent(s) Email Address _____ Parent(s) Telephone# _____

Total number of siblings _____ Number of siblings in College _____

High School Name _____

High School Address _____

Have you contributed 25 hours of community service in the last year? () Yes () No
(Please attach your Community Service documentation or use the form that is included in this packet.)

List Leadership Positions and Activities

State Educational Goals:

What colleges/university have you been accepted:

Briefly describe your philosophy of being a leader and what being a good leader means to you.

PERSONAL HISTORY AND STATEMENT OF FINANCIAL NEED

Briefly summarize your personal information: Include a statement about your family life and explain how the scholarship will help you achieve your educational goals. Please limit your response to the space below.

_____ **Applicant's Signature**

_____ **Date**

APPLICATIONS MUST BE RECEIVED BY MAIL ONLY

Application Checklist

Date Application Received by Committee _____

<i>Scholarship Submission Items</i>	Yes	No
<i>Completed Application</i>		
<i>Photograph</i>		
<i>One letter of Recommendation</i>		
<i>Official Transcript Enclosed (Sealed)</i>		

JV McRae Foundation Inc.

Community Service Form

Please use this form to provide a summary of your community service activities during high school. Return this form along with the scholarship application by **May 23, 2026**. If you need to report more than 10 community service activities, attach additional pages.

Name _____

Date	Organization Name	Activity Performed	Coordinator Name & Phone #	# of hours

Total Hours _____