THE NETTIE LOKEY WILEY AND CHARLES L. WILEY FOUNDATION

P. O. Box 126 Irvington, VA 22480

APPLICATION FOR FINANCIAL ASSISTANCE For Financially Independent Student

RECEIPT DEADLINE: MAY 30

Note: Preference is given to Lancaster and Northumberland County residents. Preference is given to applicant attending in-state, Virginia supported schools. Incomplete applications will not be considered.

TO BE COMPLETED BY SCHOLARSHIP APPLICANT

1.	Have you been awarded a scholarship by this Foundation previously?Yes No
2.	Student's Last Name First Name Middle Initial
3.	Mailing Address
4.	Physical Address (if different)
5.	Phone # Cell Phone # E-mail
6.	Date and Place of Birth
7.	Present Employment and Position
8.	What is your career objective?
9.	Do you have a high school diploma? Yes No If yes, year received
10.	Name of High School Cumulative Grade Point Average
11.	Currently enrolled or plan to enroll in
12.	Date of entrance Cumulative GPA (if applicable)
13.	What type of degree are you pursuing or plan to pursue?
	Certificate AssociateBachelor's Masters Other
14.	In what major? Expected date of completion
15.	Are you a part-time or full-time student? Part-time Full-time
16.	Other educational institutions previously attended and hours earned (if any):

	Break	down:	Tuition	, Room	, Food		
			Books	, Other	, Food , Other		
18.	Other foundations, organizations, trusts or government agencies that I have applied to for financial aid (including the college in which I have enrolled)						
19.	Attach a typed essay of approximately 500 words on "Why Financial Assistance is Needed." Essa will be evaluated on organization and how well the topic is addressed. Please include parents' occupations, family support and any information that will help make a decision.						
20.	Upon com	npletion	n of your degree	requirements, are you	willing (check those which apply):		
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