

**THE NETTIE LOKEY WILEY
AND CHARLES L. WILEY FOUNDATION**
P. O. Box 126
Irvington, VA 22480
www.wileyfdn.org

**SCHOLARSHIP APPLICATION
for Financially Dependent Student**

RECEIPT DEADLINE: MARCH 31

Note: Preference is given to Lancaster and Northumberland County residents.
Preference is given to applicants attending in-state, public colleges or universities.
Incomplete or untimely applications will not be considered.

TO BE COMPLETED BY SCHOLARSHIP APPLICANT

1. Have you been awarded a scholarship by The Wiley Foundation previously? ___ Yes ___ No
2. Student's Last Name _____ First Name _____ Middle Initial _____
3. Mailing Address _____
4. Physical Address (if different) _____
5. Phone # _____ E-Mail _____
6. Date of Birth _____
7. Parent(s)/Guardian(s) _____
8. Parents' Address (if different) _____
9. Parents' Occupations/Gross Income _____
10. Names/Ages of Brothers, Sisters or Other Family Dependents _____

11. High School _____ Date of Graduation _____
12. High School Cumulative GPA _____ If in college, College Cumulative GPA _____
13. If a high school senior, to which colleges have you been accepted? _____

14. Name of college you currently attend or plan to attend _____
15. If currently in college, what is your anticipated graduation date (month/year) _____

16. Intended or Current Major _____

17. Career Goals _____

Total anticipated expenses for the entire academic year \$ _____

Breakdown: Tuition _____, Room _____, Food _____
Books _____, Other _____, Other _____

18. Other foundations or organizations (including college/university) to which you have applied for financial aid, and amount granted: _____

19. Attach a typed, concise essay detailing **why financial assistance is needed** and **how your goals align with the goals of the foundation**. If a returning applicant, please also share last year's academic experience.

20. Upon completion of your degree requirements, do you plan (check those that apply):

___ To teach on an elementary level ___ To teach in Lancaster or Northumberland

___ To teach in Virginia ___ To work with young children as a _____

___ To work as a nurse or other health professional in Lancaster or Northumberland

___ To reside in the Northern Neck or Middle Peninsula

21. How did you learn about The Wiley Foundation? ___ High School Guidance Counselor

___ Website ___ Family/Friend ___ Previous Scholarship Recipient ___ Other: _____

I HAVE ATTACHED THE FOLLOWING TO MY SIGNED APPLICATION:

- High school transcript or current college transcript (unofficial transcripts accepted)
- Two letters of recommendation -
At least one from a guidance counselor, faculty member or principal
If a returning applicant, only one letter of recommendation is required.
- Listing of academic honors
- Listing of extracurricular and community service activities, including work experience
- Essay as outlined above
- Any other information that might be helpful to the Foundation

My signature below indicates that to the best of my knowledge this application is complete, honestly presented and factually correct. I understand that this application is for this year only. To qualify for subsequent consideration, I must submit a new application in accordance with the guidelines.

Date: _____

Applicant Signature: _____