

BUSINESS PHONE
(276) 386-3571

FAX NO.
(276) 386-2447

EMERGENCY PHONE
(276) 386-3641

Scott County Lifesaving & First Aid Crew, Inc.

P.O. BOX 1088
GATE CITY, VIRGINIA 24251

JOE D. ANDERSON MEMORIAL SCHOLARSHIP

REQUIREMENTS FOR APPLICANTS

The applicant must...

1. Be a graduating senior of Gate City, Rye Cove or Twin Springs High School and planning to enter an accredited school to pursue a career in the medical field (doctor, NP, RN, LPN, physical therapy, respiratory therapist, etc.).
2. Be an average or above student in class work.
3. Possess physical and mental conditions which would enable him/her to pursue studies and major in this area of choice.
4. Submit a copy of their high school transcript.
5. Have excellent moral character.
6. Submit two written references, one by each of the following: (a) school official, (b) community leader or minister. (NO FAMILY MEMBERS)

Consideration will be given to...

1. Participation in specific civic and community affairs which you may name.
2. Financial circumstances.

REMEMBER: Submit to Guidance Counselor by May 10, 2019

1. Completed application
2. Two letters of reference
3. Ask your guidance counselor to prepare and submit your high school transcript

The committee will consider only the applications which are complete in every detail.

Each school winner will be notified before graduation.

Serving Scott County Since 1958

SCOTT COUNTY LIFE SAVING CREW JOE D. ANDERSON MEMORIAL SCHOLARSHIP

APPLICATION (\$1,000.00 SCHOLARSHIP)
PLEASE TYPE ALL INFORMATION

(A) Personal Information

Name _____ Date of Birth _____
Last First Middle

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Parents Name and Address:

Father

Mother

School Name _____

Grade Point Average _____ On what scale _____

Field of Study _____

College you plan to attend _____

(Address) _____

Briefly explain your career goals _____

(B) Family Income

Fathers place of employment _____

Job title / Position _____ Annual Income \$ _____

Mothers place of employment _____

Job title / Position _____ Annual Income \$ _____

Your place of employment _____

Job title / Position _____ Annual Income \$ _____

Value of Bank Accounts \$ _____

Mortgage payments? YES NO Amt. \$ _____ Car? YES NO Amt. \$ _____

(C) Family Information

Number of children in family _____ at home _____ in school _____ in college _____

(D) Academic and Social Activities, and Hobbies

(E) Briefly explain why you need this financial assistance.
