

SUFFOLK FOUNDATION

106 WEST FINNEY AVENUE SUFFOLK, VA 23434

THE W.N. (BILLY) HILL SCHOLARSHIP

I. Personal

A. Your Full Name:

B. Your Address:

C. Parent/Guardian Name(s):

D. Parent/Guardian Address(es):

E. Your Email Address:

F. Your Telephone Number:

II. Eligibility

A. Are you currently a resident of the City of Suffolk? YES _____ NO _____

B. Do you currently attend a public high school in the City of Suffolk? YES _____ NO _____

If yes, which one? _____

C. Have you been accepted for enrollment in the next academic year in an accredited college or university in the U.S.? YES _____ NO _____

If yes, identify the college or university and state whether you currently intend to enroll at that institution. _____

Is your current intent to pursue a degree in education? YES _____ NO _____

D. If you know of any scholarships that you will be receiving, please list the scholarship and the amount being received.

Please email wwinslow@suffolkfoundation.org any scholarships received after you have made application for The W. N. (Billy) Hill Scholarship.

III. Academic Performance

- A. State your overall Grade Point Average (GPA) _____.

- B. State your highest SAT scores Verbal _____ Math _____ Writing _____,
and/or composite ACT scores _____.

- C. State your class rank # _____ out of _____ (#) students in the graduating class.

- D. State any academic honors/awards you have received. _____

IV. Extracurricular Activities

List all extracurricular activities, including **athletics** and **employment**, in which you have participated in during high school.

V. Character

W. N. (Billy) Hill, in whose honor this scholarship will be awarded, was a career educator – a teacher, coach, and administrator; and a longtime contributor to the betterment of his community and its citizens after his retirement from public education. On a separate page, in **no more than 500 legible words**, explain why Mr. Hill will be proud and honored if you are awarded this scholarship.

VI. Recommendations

- A. Please provide two **signed recommendation letters** from an administrator, teacher, counselor or other school official.
- B. Attach an **official transcript** (sealed in an envelope, embossed) to your application.
- C. Please feel free to **attach additional documentation** when addressing requested information.

VI. Certification

I certify that the information provided in this Application is correct.

APPLICANT’S SIGNATURE

APPLICANT’S NAME (PRINT)

STREET ADDRESS

CITY AND ZIP CODE

The application must be received by Mr. Win Winslow, Suffolk Foundation, 106 W. Finney Avenue, Suffolk VA 23434 on or before May 15th.