



PURPOSE

The purpose of The Allfirst Memorial Scholarship is to provide an annual award to one scholarship applicant. The scholarship fund will be sent directly to the attending university or college for the sole purpose of paying college expenses. **The current value of the Scholarship is \$1,000.00.**

AWARD CRITERIA

Each scholarship applicant must, at the time of the award:

- Be an employee or employee family member of Allfirst Industrial General Construction LLC.
- Have declared intention to pursue or continue a college degree or accredited trade school certification.
- Be a senior in a public high school or enrolled in an accredited college, university, or trade school certification program.
- Demonstrate involvement in either school and community activities, or verification of employment.
- Submit an essay of no more than 500 words explaining how/why receiving the scholarship will impact the recipient and the community.



106 W. FINNEY AVENUE
SUFFOLK, VA 23434
(757) 923-9090

ALLFIRST MEMORIAL SCHOLARSHIP APPLICATION

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 an employee or employee family member of Allfirst Industrial General Construction LLC? Yes _____ No _____

B. Do you currently attend a public high school or are you enrolled in an accredited college, university, or trade school certification program? Yes _____ No _____

If yes, which one?

C. Have you been accepted for enrollment in the next academic year in an accredited college, university, or accredited trade school program in the U.S.? Yes _____ No _____

If yes, identify the college, university, or trade school and state whether you currently intend to enroll at such institution.

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 Allfirst Memorial 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.

IV. Extracurricular Activities

List all extracurricular activities, including athletics, in which you have participated in the last two years. If none, provide verification of employment.

V. Awards

(Academic, Athletic, or Other)

VI. Recommendations/Transcript

- A. Please provide a **signed recommendation** from a principal, teacher, counselor, or other school official.
- B. Please provide a **signed recommendation** from another adult who is NOT a member of your family.
- C. Include an **official transcript** (school seal, embossed/official signature) with your application.
- D. Please feel free to **attach additional documentation** when addressing requested information.

VII. 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 in the Suffolk Foundation office at 106 West Finney Avenue, Suffolk, VA 23434 on or before noon on the last work day in March. Therefore, it will be necessary, if mailing the application, to have the application in the mail well in advance of the last March business day. Applications received after the deadline will not be considered.

Please use binder clips or paper clips; do not staple your application and attachments. Please submit your application and attachments (printed on one-side only) in the following order:

- *Application*
- *Essay*
- *Letter of Recommendation from principal, teacher, counselor or school official*
- *Letter of Recommendation from another adult*
- *Official Transcript*
- *Any additional documentation*