



Louis and Mary Haddad Foundation Scholarship

PURPOSE

The purpose of the Louis and Mary Haddad Foundation Scholarship is to provide an annual award to one scholarship applicant. The scholarship funds will be sent directly to the attending university, college, or certification program for the sole purpose of paying educational expenses. **The current value of the Scholarship is \$1,000.00.**

AWARD CRITERIA

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

- a. Be a Suffolk, Virginia, resident.
- b. Provide authorized documentation of a learning disability.
- c. Have declared intention to pursue or continue a college degree or accredited career certification program.
- d. Be a senior in one of Suffolk, Virginia's high schools.
- e. Demonstrate involvement in either school and community activities, or verification of employment.
- f. Have a cumulative GPA of 2.5 or better.
- g. Submit an essay of 800-1,000 words on the following: How have your learning differences affected your ability to remain focused on your education? How did you overcome this challenge? What are your plans for the next three years?



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

LOUIS & MARY HADDAD FOUNDATION SCHOLARSHIP APPLICATION

| | | | I. Persona | <u>l</u> | |
|----|--------------------|-------------|------------|----------|------|
| A. | Your Full Name: | | | | |
| В. | Your Address: | | | | |
| | - | | | | |
| C. | Parent/Guardian N | ame(s): | | | |
| D. | Parent/Guardian A | ddress(es): | | | |
| | | | | | |
| E. | Your Email Address | : | | | |
| F. | Your Telephone Nu | mher: | | | |

II. Eligibility

| A. | Are you currently a resident of Suffolk, VA? | | | No | |
|----|---|------------|-----------|------------------|--|
| В. | Do you currently attend a public or private high school located 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, university, or accredited career certification program in the U.S.? | Yes | | No | |
| | If yes, identify the college, university, or career school and state whether you currently intend to enroll at such institution. | | | | |
| D. | Do you have authorized documentation of a learning disab | ility? | Yes | No | |
| | If yes, have you included a copy of the authorized docume with this application? | ntation | Yes | No | |
| E. | If you know of any scholarships that you will be receiving, particular amount being received. | olease lis | t the sch | olarship and the | |
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| | | | | | |

Please email <u>wwinslow@suffolkfoundation.org</u> any scholarships received after you have made application for the Louis & Mary Haddad Foundation Scholarship.

III. Academic Performance

| A. | State your overall Grade Point Average (GPA) |
|----|---|
| В. | 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 |
| | all extracurricular activities, including athletics, in which you have participated in the last two years. If none vide verification of employment. |
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| | <u>V. Awards</u> (<u>Academic, Athletic, or Other)</u> |
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VI. Recommendations/Transcript/Essay

- 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. Submit an essay of 800-1,000 words on the following: How have your learning differences affected your ability to remain focused on your education? How did you overcome this challenge? What are your plans for the next three years?
- E. 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 <u>received</u> in the Suffolk Foundation office at 106 West Finney Avenue, Suffolk, VA 23434 on or before <u>noon</u> 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.

<u>Applications received after the deadline will not be considered.</u>

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, or other school official
- Letter of Recommendation from another adult
- Official Transcript
- Any additional documentation

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