

WILLIAM A. WOLFE, JR. AND PHYLLIS P. WOLFE FOUNDATION SCHOLARSHIP

2019 REQUIREMENTS:

1. Scholarships are available to qualifying students who reside in the Counties of:
 - A) McDowell, Mercer, Monroe and Wyoming in West Virginia
 - B) Bland, Buchanan, Giles and Tazewell in Virginia
2. Students must have a GPA of 3.0 or better
3. Students must demonstrate financial need

After the initial screening of applications, an appointment will be arranged to interview likely candidates for scholarships. Grants will be awarded based mainly on scholastic achievement, college test scores, financial need, as well as the conclusions of the selection committee of each applicant's motivation, character, ability and potential.

NOTE: Relatives to officers, directors or selection committee members of the Foundation will not be eligible for receipt of any scholarship funds.

STUDENT CHECKLIST (IMPORTANT!!) INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

- Fill in ALL sections of the application.
- Include a recent photo.
- Complete the essay on page two (*500 words or less*).
- Include a budget (*If you are unsure, check on the website of the school which you plan to attend.*).
- Attach your high school transcript (*See your guidance counselor well in advance of the application deadline.*).
- Attach the first 2 pages of last year's Form 1040. If your parent(s) or guardian(s) did not file taxes, make a note of it so that your application is not considered "incomplete". You may also want to include a copy of your FAFSA, which will include EFC.
- Any questions???? Call Drew Porter at (304) 324-3262.

DEADLINE

The **completed** application must be postmarked no later than **Tuesday, April 16, 2019** to the following address:
The W. A. Wolfe, Jr. & Phyllis P. Wolfe Foundation, Inc. • ATTN: Mr. Drew Porter • Summit Community Bank
• 500 Federal Street • Bluefield, WV 24701

WILLIAM & PHYLLIS WOLFE SCHOLARSHIP APPLICATION:

ATTACH
RECENT
PHOTOGRAPH

NAME: _____
 First Middle Last

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ SEX: _____ BIRTHDATE: _____

E-MAIL: _____ CELL PHONE: _____

HIGH SCHOOL ATTENDING: _____

_____ School Address Guidance Counselor's Phone #

COUNSELOR: _____ GPA: _____ DATES ATTENDED: _____

ANTICIPATED CLASS RANK: _____ SAT SCORE: _____ ACT SCORE: _____

HIGH SCHOOL ACTIVITIES	MEMBER or OFFICER (position held, if officer)
_____	_____
_____	_____
_____	_____
_____	_____

AWARDS AND HONORS (List any information on awards, honors or special recognitions you received in high school.):

_____	_____
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE (List any jobs you have held during high school.):

PERSONAL ESSAY

Please use the space below to write an essay of five hundred (500) words or less that outlines why you believe you should be awarded a scholarship. This is your opportunity for the scholarship committee to get to you know you. Your essay can set you apart from other applicants. Please have this reviewed by your counselor or a teacher to ensure proper writing skills are reflected.

LIST SCHOOLS IN ORDER OF PREFERENCE OF ATTENDANCE

MAJOR/MINOR DEGREE(S)

_____	_____
_____	_____
_____	_____

LIST SCHOLARSHIPS (amounts, if known) WHICH YOU HAVE BEEN AWARDED FOR NEXT YEAR:

PROPOSED BUDGET

- In the first column, let us know how much it is going to cost to attend the school of your choice in the fall. If you are unsure, reference the budget information provided on your school's website. In the second column, include funds that are available to you through scholarships, savings, loans, etc.
- Personal needs are defined as clothes, uniforms, transportation, gasoline (if commuting), etc.

COST TO ATTEND _____ (School)

FUNDS AVAILABLE

Tuition & Books \$ _____

\$ _____

Room & Board \$ _____

\$ _____

Personal Needs \$ _____

\$ _____

TOTAL \$ _____

\$ _____

Are there other immediate family members who will be attending college next year? _____ Yes _____ No

If "Yes", who (sibling, parent, etc.) & # years completed _____

PLEASE NOTE: If you have special circumstances or if would like to include information that has otherwise not been requested on this form that may be helpful to the committee, please attach a written explanation.

APPLICANT'S SIGNATURE

DATE