



P O Box 764  
Charlotte Court House, VA 23923

**THE CENTRAL HIGH MUSEUM SCHOLARSHIP APPLICATION 2024**

Please <b>type</b> or use black ink to answers.			
1.	Last Name:	First Name:	Middle:
2.	Mailing Address		
	Street:		
	City:	State:	Zip:
3.	Daytime Telephone Number: (     )		
	Email Address:		
4.	Date of Birth:	Month	Day     Year     Gender:
5.	A. Current report card with at least 3 marking periods. B. Letter of recommendation from a faculty member.		
6.	Name and address of grade school attended:		
7.	G.P.A. _____ (2.5 or better) Scholarship amount. <u>\$250 to \$500.00 – depending Museum’s status</u>		
8.	Name & address of parent(s) or legal guardian(s): <b>(Include address if different than your own listed in Question 2.)</b>		
	Name(s):		
	Street:		
	City:	State:	Zip:
	Home phone of parents or legal guardians:		Work phone:

**9. On a separate sheet please provide a typed essay (250 - 300) words answering the questions below:**

What is the importance of having a museum in Charlotte County, Virginia?

**10. List school activities and activities outside of school that you are involved in:**



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11. How can you help support “The Central High Museum”?

12. Which College, Vocational, or Technical Institution do you plan to attend and why?

**STATEMENT OF ACCURACY FOR STUDENTS**

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship recipient my picture may be taken and used to promote the scholarship program. (Recipient may waive photo due to unusual or compelling circumstances.)

I hereby understand that if chosen as a scholarship recipient, according to The Central High Museum Scholarship Committee, I must be present at any potential awards ceremony, surprise, or reception to receive my scholarship award.

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

**Signature of scholarship applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Checklist</b>	
<input type="checkbox"/> Application	<input type="checkbox"/> Letter of Recommendation
<input type="checkbox"/> Essay	
<input type="checkbox"/> School Transcript	
<b><u>MAIL COMPLETE APPLICATION PACKAGE TO:</u></b>	
<b>Mr. George Smith</b>	
<b>6195 Crymes Rd., Victoria, VA 23974</b>	
<b><u>REMINDER:</u></b>	
<b>The deadline for this application to be received is:</b>	
<b>March 29, 2024 5:00 p.m. NO EXCEPTIONS!</b>	