CHARLOTTE COUNTY RETIRED TEACHERS EDUCATION SCHOLARSHIP APPLICATION PLEASE USE BLACK INK ONLY

A. PER	SONAL INFO	ORMATION		
NAME	(LAST)	(FIRST)	(MIDDLE)	
PHONE	E NUMBER_			
EMAIL	·			5
PAREN	TT/GUARDIA	N NAME	r.	
B. EDI	JCATIONAL	INFORMATION		
DATE (OF GRADUA	TION FROM RAI	NDOLPH-HENR	Y
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E. VOLUNTEER ACT TO 15 POINTS)	IVITIES (5 POINTS EACH, FOR A TOTAL C	F UF
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1 2 3 F. LEADERSHIP EXI UP TO 15 POINTS)	PERIENCES (5 POINTS EACH, FOR A TOTA	

G. ESSAY: PLEASE ATTACH A ESSAY OF NO MORE THAN 300 WORDS. TOPIC IS "WHY I WANT TO ENTER THE TEACHING PROFESSION". (UP TO 25 POINTS)

H.	SIGNATURES:
	HEREBY STATE THAT THE INFORMATION SUBMITTED IS TRUE ND CORRECT TO THE BEST OF MY KNOWLEDGE.
Al	PPLICANT'S PRINTED NAME
Al	PPLICANT'S SIGNATURE
\mathbf{D}_{k}	ATE
PA	ARENT'S SIGNATURE (IF UNDER 18)

APPLICATIONS MUST BE POSTMARKED OR TURNED INTO GUIDANCE NO LATER THAN APRIL 17, 2024

RETURN TO RHHS GUIDANCE COUNSELOR OR MAIL TO:

BETSY HANMER PO BOX 206 KEYSVILLE VA 23047