

# 2024 GRASP Last Dollar Scholarship

All completed applications must be returned to the GRASP office or postmarked by **Friday, March 15, 2024**. Only complete application packets will be considered.

At least one student from each high school with a GRASP advisor will be awarded a \$500 scholarship. Additional scholarships may range from \$250 to \$4,000. **GRASP Last Dollar Scholarships** are not renewable and **are dependent upon generous donor support.**

## STUDENTS ELIGIBLE TO APPLY

- Met with the high school GRASP advisor during senior year
- Possess at least a 2.0 cumulative grade point average
- Will graduate from high school spring of 2024
- Demonstrate **unmet financial need** (A college financial aid award letter will be requested before the scholarship is granted.)
- Will attend a post-secondary school in Virginia (public or private)
- Have successfully filed a Free Application for Federal Student Aid (FAFSA) or the Virginia Alternative State Aid (VASA) application

## FOUR APPLICATION PARTS

The complete application has four parts. Partial applications will not be considered.

1. The “GRASP Last Dollar Scholarship Checklist” completed by the student.
2. A GRASP scholarship application including a personal statement.
3. A copy of the FAFSA Submission Summary or a statement that the VASA has been completed. The FAFSA Submission Summary can be downloaded at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The VASA can be completed at [vasaapp.org](http://vasaapp.org).
4. A copy of the financial aid award letter/email from the college you plan to attend, if available.

## HOW TO SUBMIT YOUR SCHOLARSHIP APPLICATION

To submit your scholarship application **electronically**, go to [www.grasp4va.org/scholarships](http://www.grasp4va.org/scholarships). Download the application by clicking **Last Dollar Scholarship Application**. This will allow you to complete the application as a fillable PDF form. Save the form and email it to [scholarships@grasp4va.org](mailto:scholarships@grasp4va.org) with scanned or digital copies of the other required information. Partial applications will not be considered.

## GRASP Last Dollar Scholarship Checklist

**Please use the following checklist to be sure that your application is complete.  
Return this checklist with your application to GRASP by Friday, March 15, 2024.**

STUDENT NAME: FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**I emailed the following application parts to [scholarships@grasp4va.org](mailto:scholarships@grasp4va.org):**

- A completed GRASP scholarship application including my personal statement.
- A copy of my FAFSA Submission Summary, or a statement that the VASA has been completed.
- This completed checklist.
- A copy of the financial aid award letter/email from the college I plan to attend, if available.
- By checking this box, I certify that I plan to attend a post-secondary school in Virginia.
- By checking this box, I certify that I am eligible for this scholarship and that the information provided is true to the best of my knowledge.
- By checking this box, I certify that I have at least a 2.0 cumulative grade point average

Please ensure the email address provided in the application is the email address you will check regularly. All scholarship results will be sent to your email address by May 1, 2024.

**RETURN YOUR COMPLETED PACKET TO:**

**[scholarships@grasp4va.org](mailto:scholarships@grasp4va.org)**

# GRASP LAST DOLLAR SCHOLARSHIP APPLICATION

## STUDENT INFORMATION

FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_ GRADUATION YEAR **2024**

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_, VA ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_ GPA \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ HAVE YOU MET WITH YOUR SCHOOL'S GRASP REPRESENTATIVE? \_\_\_\_\_

COLLEGE PLANNING TO ATTEND \_\_\_\_\_

INTENDED MAJOR (if known) \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

RELATIONSHIP TO STUDENT \_\_\_\_\_ PHONE \_\_\_\_\_

## STUDENT EMPLOYMENT

TYPE OF WORK	APPROXIMATE DATES	HOURS PER WEEK	NUMBER OF MONTHS

# GRASP LAST DOLLAR SCHOLARSHIP APPLICATION

## COMMUNITY SERVICE AND VOLUNTEER WORK

NAME OF ORGANIZATION	CHECK GRADE LEVEL				YOUR ROLE
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## EXTRACURRICULAR ACTIVITIES

NAME OF ACTIVITY	CHECK GRADE LEVEL				YOUR ROLE
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ACADEMIC HONORS

NAME OF HONOR	CHECK GRADE LEVEL				COMMENTS
	9	10	11	12	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## PERSONAL STATEMENT

FIRST \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_

Using a minimum of 50 words to a maximum of one (1) page, answer **one (1)** of the following:

- 1) Who are you? What are your career and educational goals? How will a GRASP scholarship help you achieve these goals?
- 2) Describe a positive experience you had when attempting something new.

You may attach a separate sheet for this or, if completing this form in the PDF, type directly into the application.