

## 2023 WSLs SCHOLARSHIP APPLICATION OVERVIEW

If you are a senior at a local high school in the WSLs 10 viewing area, are college-bound, and have demonstrated success in both Academics and Sports/Activity Competitions/Marching Bands. You are eligible to apply for the WSLs 10 Scholarship. Two student applicants will be selected to receive a \$2,000 scholarship, each. Scholarship recipients will receive scholarship funds after providing proof of their college enrollment.

### APPLICATION DEADLINE:

Applications must be postmarked no later than March 31, 2023. You can email your application to [scholarship@wsls.com](mailto:scholarship@wsls.com) or mail it to:

**WSLS**

**Attn: Scholarship Committee**

**821 5<sup>th</sup> St NE**

**Roanoke, VA 24016**

**NOTIFICATION:** Selected scholarship recipients will receive notification in April 2023.

### ELIGIBILITY

#### CRITERIA:

Any college-bound, graduating high school senior who:

- Attends high school in the Roanoke-Lynchburg television viewing area (DMA #71 2021 Nielsen)
- Participates in VISAA Sports, VHSL Sports, VHSL Activity Competitions or Marching Band (clarification below)
- Has performed volunteer work in the Roanoke-Lynchburg television viewing area (DMA #71 2021 Nielsen)
- Is not the child or grandchild of an employee of WSLs or a member of the Scholarship Committee

### CRITERIA FOR

#### JUDGING:

The Scholarship Committee will consider applicants based on the following:

- References from adults associated with the applicants VISAA Sports, VHSL Sports, VHSL Activity Competitions or Marching Band
- Quality of documented volunteer work (as determined by the Scholarship Committee)
- Documented scholastic record
- Proper completion and timeliness of application

**APPLICATION:** Your application packet **MUST** be completed to be considered and include the following forms:

- Application, including 300 word essay (Form A)
- Volunteer Experience Log (Form B)
- Work/Job Experience Log (Form C)
- School Guidance Counselor Acknowledgment (Letter of reference or Form D)
- At least **TWO** references associated with VISAA Sports, VHSL Sports, VHSL Activity Competition or Marching Band
- School Transcript

CLARIFICATIONS:

VHSL & VISAA Sports includes...

- Baseball
- Basketball
- Competition Cheer
- Cross Country
- Field Hockey
- Football
- Golf
- Gymnastics
- Indoor Track
- Lacrosse
- Outdoor Track
- Soccer
- Softball
- Swim/Dive
- Tennis
- Volleyball
- Wrestling

VHSL Academic/Activity Competition includes...

- Esports
- Scholastic Bowl
- Theatre
- Forensics
- Creative Writing
- Film, Debate
- Robotics, Media

# WLS10

SCHOLARSHIP  
Application

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Student Full Name

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Current School

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Mailing Address

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Name of College you expect to attend

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City State Zip

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Address of College

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Phone Number

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City State Zip

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Email

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Have you applied? Have you been accepted?

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Student Date of Birth

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Name of Parent/Guardian

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Grade Point Average

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Identify which VISAA/VHSL Sports, VHSL Activity Competitions or Marching Band you participate

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Total Community Volunteer Hours while in High School  
(supported by volunteer log)

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*As part of your application, please attach a short essay (300 words or less), telling us about your passion for community service.*



**Volunteer Log**

**Student Name:**

<b>Date(s) of Volunteer Activity</b>	<b>Organization</b>	<b>Organization Contact Name and Number</b>	<b>Total Volunteer Hours</b>

Form B

*By submitting this completed log, student applicant hereby authorizes organization to release information concerning the identified volunteer activities.*



Employment Log

**Student Name:**

Date(s) of Employment	Place of Employment (name & location)	Supervisor Name and Number	# Hours per week



WLS 10 would like to reward students who are passionate about public service and participate in extracurricular activities while excelling academically.

Please verify by signing your name below that \_\_\_\_\_  
(Student Applicant) is currently maintaining at least a "B" grade point average and is on track to have at least a "B" grade point average for High School.

Please provide any additional comments regarding this student.

\_\_\_\_\_  
Guidance Counselor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guidance Counselor Name