



Shelley C. White, Jr. Memorial

SHELLEY C. WHITE, JR. MEMORIAL SCHOLARSHIP

Attn: Scholarship Committee
905 Coachway
Annapolis, MD 21401

scwjrscholarship@gmail.com
www.shelleycwhitejrmemorial.com

Shelley C. White, Jr. Memorial is a 501(c)(3) organization, established in 2015, in memory of the late Shelley C. White, Jr. Shelley C. White, Jr., a public servant who devoted his time and talent to uplift the community. In honor to Shelley's dedication to his community, the organization awards college scholarships to graduating seniors in Anne Arundel County. As the foundation continues to grow, the legacy of Shelley C. White, Jr. will be carried on through the education of the youth we serve. The Shelley C. White, Jr. Memorial's mission is to encourage and invest in Anne Arundel County's "at-risk or disadvantaged" youth who desire to pursue higher education, master a trade through college or career readiness programs.

This scholarship will be awarded annually to a high school graduating senior who demonstrates the character, quality and commitment shown by Shelley C. White, Jr.

Description and Basis of Award

- A. Purpose:** To preserve the memory of Shelley C. White, Jr. and to contribute to the career development of young men and women whose charisma and determination contributes to empowering the well-being of others.

[Do not include this page when submitting your application]

B. Amount of Scholarship: The actual amount of the scholarship is determined by the Shelley C. White, Jr. Memorial Board of Directors. Awards will range from \$500 to \$1,000 per recipient.

C. Time of Award: The recipients of the scholarships will be announced in May 2020

2. To apply:

A. Eligibility: All students who are a graduating high school senior attending school in Anne Arundel County.

3. Must be accepted/enrolled as a full-time student in an accredited college, university, or trade school.

- a. Download and complete an application from www.shelleywhitejrmemorial.com, or obtain a hard copy of the application from your high school Guidance Counselor
- b. Students should produce references from a teacher or guidance counselor and from an adult non-friend/relative person. (Recommendation forms will be included in application)
- c. Obtain an official copy of your academic transcript to be submitted with your application.
- d. Students are asked to submit a typed 500-word essay, double spaced, 12pt font, Times New Roman. Students written essay will address the following criteria:
 - a) What this scholarship means to you.
 - b) Describe your intended area of study, which influenced your career path and how you feel it will contribute to society.
- e. Submit an original signed copy of the application.
- f. Obtain a parent or guardian signature.
- g. Please return your application to: The Shelley C. White, Jr. Memorial Scholarship, 905 Coachway, Annapolis, MD 21401. All applications must be postmarked by **Friday, February 7, 2020.**
- h. All applications will be reviewed by the Selection Committee which will be composed of Community Leaders and members of the Board. Finalists will be selected for interviews.

[Do not include this page when submitting your application]



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DATE: _____

TO: Guidance Office

SUBJECT: Request for Official School Transcript

I am submitting an application for The Shelley C. White, Jr. Memorial Scholarship.

Please provide the above named organization with a copy of my official high school transcript (to include the following: school grading description, SAT/ACT scores, CAPT Scores, GPA or QPA, Class Rank, size of class. etc.), a report card listing senior courses, and any relevant information.

Student's Name (Print): _____

Counselor's Name (Print): _____

Counselor's Signature: _____

[This Request for Transcript form must be given to your Counselor]



Shelley C. White, Jr. Memorial

Teacher/Non-Relative Recommendation Form 2020

Student's Name:

School:

Recommender's Information:

Name:
Title:
Organization:
Address:
City/State/Zip:
Phone:
E-mail:

KNOWLEDGE OF THE APPLICANT:

Approximately how long have you known the applicant? Years _____ Months _____

How well do you know the applicant? Casually Well Very well

OBSERVATION ABOUT APPLICANT:

1. Please express your views of the student's strengths and needs (areas of improvement)

2. Please describe the character, self-discipline, commitment to school, community, or any other factors which you feel would help us in our consideration of this individual.

Please mail or e-mail this recommendation form to:

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905 Coachway, Annapolis, MD 21401
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1. Applicant Information

_____	_____	_____
Applicant's Last Name	First Name	High School Attending

(Home) Street Address		

_____	_____	_____
City	State	Zip Code
Gender: Male _____ Female _____		
Date of Birth: (m/d/y) _____		
Birthplace: (City, State, Country) _____		
Home Phone: _____		
Cell Phone: _____		
E-Mail: _____		

2. **Father's Name:** _____

Age: _____ **Birthplace:** _____

Occupation: _____

Place of Work: _____

┘ **Check if unavailable**

3. **Mother's Name:** _____

Age: _____ **Birthplace:** _____

Occupation: _____

Place of Work: _____

┘ **Check if unavailable**

4. **Guardians' Name, if applicable:** _____

Relationship: _____

Age: _____ **Birthplace:** _____

Occupation: _____

Place of Work: _____

5. **List your brothers and sisters:**

Name	Relationship	Age	School Attending

6. List the names of your top 5 colleges or trade schools to which you are applying:

College / Trade School Name	Address of College / Trade School

7. I certify that the responses to all questions are accurate and correct.

Applicant's Signature Date

Parent/Guardian's Signature Date



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