

FISCAL FITNESS GOOD NEIGHBOR FOUNDATION

(Non-profit organization)



The Fiscal Fitness Good Neighbor Foundation originated & was organized by FISCAL FITNESS TAX & FINANCIAL SERVICES, INC. The mission of the Fiscal Fitness Good Neighbor Foundation is to be a positive contributor to the communities that we serve. In the past, we have provided students and aspiring professionals with opportunities to develop thru mentoring and internships.

This new and current activity is a Post-secondary education Scholarship. It will help aspiring students reach their full potential, increase their knowledge, and become positive members of the community and society at large.

The Scholarship can be used for tuition, books, and related expenses incurred to attend an accredited college, university, or vocational institution.

Criteria For Scholarship Consideration

- 1. Be within a graduation year from high school in Richmond, VA and surrounding Counties.**
- 2. Have an overall average of "C" (2.0) or above.**
- 3. Be an active participant in at least one (1) extracurricular activity.**
- 4. Be an active participant in at least one (1) community activity, such as Church, Scouts, Youth groups, etc).**
- 5. Show a need for financial assistance.**
- 6. Exhibit good moral character and integrity.**
- 7. Possess good citizenship characteristics.**
- 8. Only completed applications will be considered.**
- 9. Agree to release Foundation to publicize scholarship recipient**

Received Application No Later Than June 20, 2024 to:
Fiscal Fitness Good Neighbor Foundation
2650 Hull Street
Richmond, VA 23224
www.fiscalfitnessgoodneighbor.org

**E-mail application to fiscalfitness1707@gmail.com with
subject "Fiscal Fitness Good Neighbor Foundation
Scholarship Application"
Or mail to the address above**

FISCAL FITNESS GOOD NEIGHBOR FOUNDATION

(Scholarship)

Please closely review the requirements

Items Required for Consideration:

- Completed application
- Essay (See guidelines on the application)
- FAFSA Report
- Recommendations/Endorsements in sealed envelopes (see guidelines)
- Copy of official high school transcript
- Copy of SAT/ACT scores
- Applicant must attend a pre-award interview with the selection committee

Criteria for Scholarship Review

- | | |
|---|--------------------|
| • Financial need | (20 points) |
| • Grades/SAT or ACT score | (20 points) |
| • Extracurricular activities/community service | (20 points) |
| • Recommendation letters | (20 points) |
| • Essay/biographical representation/Unusual circumstances | <u>(20 points)</u> |
| | (100 points) |

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1. Please attach THREE (3) letters of recommendation commenting on your **academic achievement, potential, overall ability, and community contributions** from a combination of the following:
 - a. High school principal or assistant principal
 - b. High school guidance counselor
 - c. Job employer
 - d. City, county, or state elected official
 - e. Religious leader
 - f. High school instructor of a core academic class (gym and art/ music teachers are not included)
 - g. A non-relative over the age of 21 who has known you for 5 years or more (please specify relationship)
 - h. Coach/Instructor (no more than one letter accepted from instructors & coaches respectively, so you must choose at least one more from this list)

* (APPLICATIONS WITHOUT THREE LETTERS OF RECOMMENDATION WILL BE IMMEDIATELY DISQUALIFIED AND WILL NOT BE REVIEWED.)

2. Please attach a copy of your high school transcript. Transcript copies must include school official letterhead or emblem, school's address, school's phone number, and information key defining school's grading system.

* (APPLICATIONS WITHOUT A COPY OF AN OFFICIAL TRANSCRIPT WILL BE IMMEDIATELY DISQUALIFIED AND WILL NOT BE REVIEWED.)

SUPPLEMENTAL INFORMATION

CONFIDENTIAL (To be completed by parents/guardian if under 18)

APPLICANT

Last Name: _____ First Name: _____ Mid.Initial _____
Address: _____ City: _____ ST: _____ Zip: _____
Home Phone: () _____ E-mail Address: _____
Date of Birth: _____ (MM/DD/YYYY) Age: _____

Male/Female
(Circle One)

Parent/Legal Guardian #1: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Email Address: _____

Parent/Legal Guardian #2: _____ Home Phone: _____
Home Address: _____ Cell Phone: _____
Email Address: _____

Do you presently receive financial resources or assistance from any other source, other than parents/guardian?

_____ Yes

_____ No

(If yes, please explain) _____

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SCHOLARSHIP APPLICATION

APPLICANT INFORMATION IS CONFIDENTIAL, ONLY SHARED WITH THE SCHOLARSHIP EVALUATION COMMITTEE & OTHER RELEVANT PARTIES

***You must complete all sections of the application to be considered for the scholarship**

Name _____

(Please print)

Address _____

Street

City/State/Zip Code

Email: _____ @ _____ . _____ Telephone (_____) _____

US Citizen:

Gender:

Race/Ethnicity: (Optional)

☐ Yes

☐ Male

☐ African American

☐ Caucasian

☐ Asian/Pacific Islander

☐ No

☐ Female

☐ Native American

☐ Latino

☐ Other _____

I. ESSAY

On a separate page(s), please tell us how your participation in education programs has influenced your life. Share your short-term & long-term goals (more than 5 years). Include examples of community and/or volunteer service, and how the scholarship would benefit you. Your essay should be between 1 and 2 **typed** pages.

II. EDUCATIONAL BACKGROUND

High School Name _____ Grade _____

High School Address _____

City/State/Zip Code

Guidance Counselor _____ Telephone (_____) _____

Counselor Email _____ @ _____

Graduation Date _____ (MM/YYYY) Cumulative Grade Point Average (4.0 scale) _____

College Entrance Test Scores: Scholastic Aptitude Test (SAT) _____ American College Test (ACT) _____

List any scholarships, honors, awards received while in high school:

Identify extracurricular activities in which you have participated:

List any varsity or sports club sports in which you have participated:

* Attach list or resume, if needed.

III. COLLEGE/UNIVERSITY INFORMATION

Which college/university do you plan to attend? **

Name of College/University

City/ State/Zip

2-year program _____ 4-year program _____ Estimated tuition per academic year \$ _____

What academic major and minor will you pursue? _____

** If you are undecided, please list all colleges applied to on separate page

IV. SCHOLARSHIP INFORMATION

Have you ever received any educational financial support in the form of a grant(s) or scholarships?

Yes _____ No _____

If yes, what amount & year did you receive the award? _____

Award(s) Name(s) _____

Have you applied for any other college scholarships?

IV. INCOME

Parents' Adjusted Gross Income: _____ ☐ Self-employed

Number of people in household: _____

Number in college in 2023-2024: _____

Parents' Marital Status: ☐ Married ☐ Divorced/Separated ☐ Single Parent

** If you have not yet submitted your tax return for 2021, please estimate the amount as per your FAFSA report

Authorization/Consent

For the purpose of evaluating & processing this scholarship, applicant information can be obtained by scholarship fund officials. By signing below, I/We authorize & grant consent to 3rd parties (school officials, references, etc.) to release academics, financial and personal information. I declare that the information reported on this form, to the best of my knowledge and belief, is true, correct and complete. I/We recognize the scholarship committee's sole discretion & authority in making the award and are held harmless for their decision.

Applicant's Printed Name _____ Date _____
Applicant's Signature _____ Date _____
Parent's/Guardian's Printed Name _____ Date _____
Parent's/Guardian's Signature _____ Date _____

Educator/Coach/Employer Recommendation

The applicant's educator, coach, or employer must complete this section.

Name of Student: _____

The above student is applying for the **"Fiscal Fitness Good Neighbor Foundation Scholarship"**. The primary focus of the Scholarship is to help students reach their full potential and become positive members of the community. Students will increase their knowledge through higher education. Two (2) scholarships of \$1,000.00 each will be awarded for actual and necessary education expenses. The mission of the Fiscal Fitness Good Neighbor Foundation is to be a positive contributor to the communities that we serve.

Name of person completing this form: _____

Position/title/Email Address: _____

Name of Organization/Facility _____

Address _____
Street City/State/Zip

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (# 1 rating represents the most favorable; # 5 represents the least favorable).

	1	2	3	4	5	
Articulate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inarticulate
Self-starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requires constant pushing
Exercises Good Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exercises poor judgment
Dependable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unreliable
Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

On a separate piece of paper, please indicate any strengths and weaknesses you think the candidate possesses and any other comments you may have. You may be contacted for further elaboration.

Date _____ Signature _____

Thank you for your cooperation and effort in completing this recommendation form. **Please return this form directly to the applicant in a sealed envelope with your signature over the seal.** The applicant must return this form to our office **no later than June 20, 2024.** Also, this form may be emailed to fiscalfitness1707@gmail.com or faxed to 804-321-5768.

Educator/Coach/Employer Recommendation

The applicant's educator, coach, or employer must complete this section.

Name of Student: _____

The above student is applying for the **“Fiscal Fitness Good Neighbor Foundation Scholarship”**. The primary focus of the Scholarship is to help students reach their full potential and become positive members of the community. Students will increase their knowledge through higher education. Two (2) scholarships of \$1,000.00 each will be awarded for actual and necessary education expenses. The mission of the Fiscal Fitness Good Neighbor Foundation is to be a positive contributor to the communities that we serve.

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Strives for excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will settle for less than the best
Leader	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follower

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Recommendation of Applicant's Choice

Name of Student: _____

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Name of person completing this form: _____

Position/title/Email Address: _____

Name of Organization/Institution: _____

Address: _____
Street City/State/Zip

How long and in what capacity have you known the applicant? _____

The following factors are estimates of the candidate's potential for success. Please rate the candidate's ability in each area in which you have personal knowledge. (# 1 rating represents the most favorable; # 5 represents the least favorable).

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