

FISCAL FITNESS GOOD NEIGHBOR FOUNDATION

(Non-profit organization)
www.fiscalfitnessgoodneighbor.org



The Fiscal Fitness Good Neighbor Foundation Inc. is a 501(c)(3) non-profit organization originated and managed by FISCAL FITNE\$\$ TAX & FINANCIAL SERVICES, INC. (FFTFS). The mission of the Fiscal Fitness Good Neighbor Foundation is to be a positive contributor to the communities that we serve. During FFTFS existence, we have provided students and aspiring professionals with opportunities to develop through mentoring, internships, and employment.

Our current community outreach activity is sponsoring and coordinating 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 the nearby 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 and good citizenship characteristics.**
- 7. The Scholarship may be renewed for past recipients.**
- 8. Complete application process.**
- 9. Agree to release Foundation to publicize scholarship recipient**

Submit Application No Later Than June 6, 2025 to:
Fiscal Fitness Good Neighbor Foundation
2650 Hull Street
Richmond, VA 23224
Email: Fiscalfitness1707@gmail.com

**Please Email or Mail your complete application
to the addresses 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) |

FISCAL FITNESS GOOD NEIGHBOR FOUNDATION

(Non-profit organization)

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 government 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/college 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/SCHOOL INFORMATION:

Which college/university/school 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 2024, 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: _____

APPLICANT'S SIGNATURE: _____

DATE

PARENTS/GUARDIAN'S PRINTED NAME: _____

PARENTS/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 6, 2025**. 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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Recommendation of Applicant's Choice

Name of Student:

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Position/title/Email Address:

Name of Organization/Institution:

Address:
Street City/State/Zip

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