

**JANIE HAMMIT MEMORIAL SCHOLARSHIP**  
**SCHOLARSHIP APPLICATION**

# Information Sheet

The Janie Hammit Memorial was created in 1916 by G.W. Hammit for the purpose of founding and establishing a children's home, and as a memorial for his daughter. His intent was to promote the welfare and education of disadvantaged children in Bristol and Washington County, Virginia. While the children's home is no longer in operation, the memorial and mission continues. The goal of the scholarship is to reduce the financial barriers children may encounter when entering higher education.

## **When to apply:**

The completed application packet must be postmarked by March 15 for the current award year. The Janie Hammit Memorial Board meets in April to consider awards.

## **Who should apply:**

Any student enrolled at John S. Battle High School with a demonstrated financial need, a cumulative high school GPA of at least a 2.5 planning to enroll in a University, four year college, community college, vocational/technical school, trade school, or other short-term training program such as automotive technology, HVAC certification, nursing assistant certification, etc. is eligible to apply.

U.S. foster children, former foster children, orphans, homeless, or children who suffered the loss of a parent or parents through death or abandonment after infancy are strongly encouraged to apply.

## **Selection criteria:**

Merit factors include perceived need, academic work, extracurricular activities, community and volunteer activities, and work experience.

## **Award availability:**

Scholarships are issued as a one-time award up to \$2,500

Students must provide proof of acceptance to the program stated in the application. Checks are made payable to the institution for the use of the student in defraying the cost of the students education.

## **Application instructions:**

The following materials must accompany the completed application in order for the application package to be considered complete (Please do not send materials separately):

- High School / College Transcript
- Two recommendations from teachers (Applicant recommendation forms are included)
- College costs
- Copy of the FAFSA

## **Please submit completed application packet to:**

Janie Hammit Memorial  
P.O. BOX 605  
Bristol, VA 24203

# APPLICANT CHECKLIST

\_\_\_\_\_ Completed Application

\_\_\_\_\_ High School / College Transcript

\_\_\_\_\_ Two recommendations from teachers

\_\_\_\_\_ Anticipated cost of college

\_\_\_\_\_ Copy of completed FAFSA

# PERSONAL INFORMATION

STUDENT NAME: \_\_\_\_\_  
   First  Middle Initial  Last

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HOME PHONE INCLUDING AREA CODE: \_\_\_\_\_

CELL PHONE INCLUDING AREA CODE: \_\_\_\_\_

HIGH SCHOOL FROM WHICH YOU WILL GRADUATE: \_\_\_\_\_

ANTICIPATED GRADUATION DATE: \_\_\_\_\_

PLEASE LIST community and school activities in which you have participated during the past 4 years. Include sports, student government, volunteer projects, etc. (You may attach an additional sheet if needed)

ACTIVITY	DATES OF PARTICIPATION	SPECIAL HONORS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE LIST YOUR WORK EXPERIENCE, IF ANY

EMPLOYER	DATES EMPLOYED	HOURS/WEEK	POSITION HELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHOOL FOR WHICH YOU WILL USE SCHOLARSHIP: \_\_\_\_\_  
(name and city/state of the school)

WHAT TYPE OF SCHOOL IS THIS?: \_\_\_\_\_  
(4-year college/university, 2-year college, vocational/trade school)

DURING THE UPCOMING SCHOOL YEAR I WILL BE A: \_\_\_\_\_  
(freshman, sophomore, junior, senior)

I WILL BE ENROLLED: \_\_\_\_\_  
(full time, halftime (6+credits), less than halftime)

FIELD OF STUDY: \_\_\_\_\_

TUITION COST PER YEAR \_\_\_\_\_

WHAT IS THE MARITAL STATUS OF YOUR PARENTS? \_\_\_\_\_  
(single, married, separated, divorced, widowed)

Total number of family members who will be attending college at least half-time during the upcoming academic year \_\_\_\_\_

**CERTIFICATION:**

I certify that the information on this form is true and complete to the best of my (our) knowledge. If asked, I (we) agree to give documentation for the information provided on this form. I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving the award.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

*Note: all information on this application shall be kept confidential*

**WRITE** a statement of your plans as they relate to your educational and career objectives and future goals (you may attach an additional sheet if needed)

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**PLEASE DISCUSS** how your family or personal circumstances have affected your achievement in school, at work, or your participation in school and community activities. (You may attach an additional sheet if needed)

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**TRANSCRIPT**

1. Please include a high school transcript
2. If you have taken and completed college or vocational-technical school courses, please include a copy of those transcripts as well.

# TO BE COMPLETED BY SCHOOL OFFICIAL

STUDENT NAME \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_

WILL THIS STUDENT RECEIVE OTHER SCHOLARSHIPS? \_\_\_\_\_

IF YES, WHAT AMOUNT WILL THEY RECEIVE? \_\_\_\_\_

CURRENT CUMULATIVE GPA (4.0 SCALE) \_\_\_\_\_

ACT SCORES \_\_\_\_\_  
                    READING                    ENGLISH                    SCIENCE                    MATH

SAT SCORE \_\_\_\_\_

(ACT and/or SAT scores are not required for Community College or Trade School students)

NAME OF PERSON COMPLETING THIS FORM \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE  TITLE  DATE

## ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# TEACHER RECOMMENDATION

Note to Teacher: *To ensure confidentiality, please return the completed recommendation in a sealed envelope with your signature across the seal.*

Note to Student: *A recommendation received with a broken seal will be rejected. Please be sure that your teacher has sealed and signed the envelope.*

**STUDENT NAME** \_\_\_\_\_

## PLEASE CIRCLE APPROPRIATE CHOICE

<b>The applicant's choice of a post-secondary education program is</b>	extremely appropriate	very appropriate	somewhat appropriate	inappropriate
<b>The applicant's achievements reflect his/her ability</b>	extremely well	very well	somewhat well	not well at all
<b>The applicant's ability to set realistic and attainable goals is</b>	excellent	good	fair	poor
<b>The quality of the applicant's commitment to school is</b>	excellent	good	fair	poor
<b>The applicant is able to seek, find, and use learning resources</b>	extremely well	very well	somewhat well	not well at all
<b>The applicant demonstrates curiosity and initiative</b>	extremely well	very well	somewhat well	not well at all
<b>The applicant demonstrates good problem-solving skills, follows through, and completes tasks</b>	extremely well	very well	somewhat well	not well at all
<b>The applicant's respect for self and others is</b>	excellent	good	fair	poor

Additional comments (you may attach a separate sheet if needed) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
TEACHER SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
TEACHER SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE