

**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 application 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 John S. Battle High School student 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 onetime 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 your application in order for your package to be 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 send your application to:**

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

**PERSONAL INFORMATION**

STUDENT NAME Mr/Ms \_\_\_\_\_  
First Middle Initial Last

ADDRESS \_\_\_\_\_  
\_\_\_\_\_ city/town state zip code  
(\_\_\_\_\_) home phone (\_\_\_\_\_) cell phone

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ name state \_\_\_\_/\_\_\_\_/\_\_\_\_ anticipated graduation date

SCHOOL for which scholarship will be used \_\_\_\_\_ name state \_\_\_\_/\_\_\_\_/\_\_\_\_ anticipated graduation date

SCHOOL is \_\_\_\_ 4 yr. college/university \_\_\_\_ 2 yr. college \_\_\_\_ vocational/tech school

I will be a \_\_\_\_ freshman \_\_\_\_ sophomore \_\_\_\_ junior \_\_\_\_ senior

I will be enrolled \_\_\_\_ full time \_\_\_\_ halftime or more (6+cr) \_\_\_\_ less than halftime

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

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

ACTIVITIES: List community and school activities in which you have participated in the past 4 years. Include sports, student government, volunteer projects, etc. (Attach an additional sheet if necessary.)

Activity	How Long?	Special Honors
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____
_____	____/____ to ____/____	_____

**WORK EXPERIENCE**

Employer	How Long?	Num. Hrs. per Week	Position Held
_____	____/____ to ____/____	_____	_____
_____	____/____ to ____/____	_____	_____
_____	____/____ to ____/____	_____	_____

**ADDITIONAL INFORMATION**

Parents marital status:

\_\_\_\_ single    \_\_\_\_ married    \_\_\_\_ separated    \_\_\_\_ divorced    \_\_\_\_ widowed

Total number of family members who will be attending college at least half-time during the coming 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 information given 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 (or 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 (attach another sheet if necessary).

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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, (attach an extra sheet if necessary).

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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 FILLED OUT BY A SCHOOL OFFICIAL:**

Student Name: \_\_\_\_\_

Will this student receive other scholarships? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, what is the amount they will be receiving? \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ ACT \_\_\_\_\_  
(4.0 scale) Reading English Science Math

or

SAT \_\_\_\_\_  
Critical Reading Math

**(ACT or SAT scores not required for Community College or Trade School students)**

\_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**ADDITIONAL COMMENTS:**

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

## APPLICANT RECOMMENDATION

Have this section completed by a school teacher.

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

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

Student's name \_\_\_\_\_

### CHECK APPROPRIATE CHOICE

The applicant's choice of a Post-secondary education Program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
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The applicant's Achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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The quality of the applicant's commitment to school is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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The applicant is able to seek, find and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
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The applicant's respect For self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
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Additional comments (attach a separate sheet if necessary). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____	_____/_____/_____
Teacher's signature	Title	Date

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Additional comments (attach a separate sheet if necessary). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date