



2014 Rose & Womble Internal Scholarship Application  
Sponsored by The Rose & Womble Foundation

I. PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: (     ) \_\_\_\_\_

Address: Street \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth:    /    /    Marital Status (circle one):    Single    Married    Other

If married, list spouse's full name and address:  
\_\_\_\_\_

Are you a U.S. citizen? (circle one):    YES                      NO

Name of Rose & Womble Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian Information:

Father/Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: Street \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

List the names of all family members living in your home (excluding yourself & aforementioned parents/guardians):

Name	Age	Relationship	Employment/School
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. ACADEMICS & ACTIVITIES:

High School(s) Attended:

Name:	City/State:	Dates attended (mo/yr)
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Name:	City/State:	Dates attended (mo/yr)
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Awards and honors you have received:

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Special schools or programs in which you have participated:

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School/Class Offices Held:

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Community service in which you participate or have participated:

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III. REFERENCES [Provide only 3]

Last Name:	First Name:	Phone #:
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Address: Street	City/State:	Zip:
<hr/>		
Title or Position:		
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Last Name:	First Name:	Phone #:
<hr/>		
Address: Street	City/State:	Zip:
<hr/>		
Title or Position:		
<hr/>		

Last Name:	First Name:	Phone #:
<hr/>		
Address: Street	City/State:	Zip:
<hr/>		
Title or Position:		
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IV. CERTIFICATION

**Parent/Guardian:**

To the best of my knowledge, the information stated in this application is complete and correct.

I understand that (student's name) \_\_\_\_\_ is applying for financial aid to help with the educational expenses of continuing education and I approve of this application. Should he/she win, I also grant permission to Rose & Womble to publish photos of my child.

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Parent/Guardian's signature	Date
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**Student:**

To the best of my knowledge, the information stated in this application is complete and correct.

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Student's signature

Date

**\*\*\* When submitting your entry, be sure to enclose the following:**

- Application
- Essay
- Transcripts
- UP TO 3 letters of recommendation

Send applications via interoffice mail to the **Lynnhaven Office** or mail them to:  
Rose & Womble Internal Scholarship  
c/o Scott Clemens  
123 S Lynnhaven Road  
Virginia Beach, VA 23452

**\* Applications must be postmarked by April 1, 2014\***