



Attn: Executive Director  
P.O. Box 389  
Manassas, VA 20108  
(703) 791-8003

## DR. EDWARD L. KELLY MEMORIAL ANNUAL SCHOLARSHIP

### QUALIFICATION CRITERIA & SELECTION PROCESS

#### Qualification Criteria

The Prince William County Public Schools Education Foundation has established an annual award of \$1,000 to at least three (3) graduating high school seniors who intend to pursue studies to become a teacher.

1. The student must meet the following minimum requirements:
  - a. **be a graduating senior attending a Prince William County Public High School;**
  - b. **submit a completed application form, information sheet, and a copy of the high school transcript to the school's coordinator;**
  - c. **plan to further his/her education by enrolling in an accredited community college or four-year college or university;**
  - d. **maintain a 3.0 GPA or higher; and**
  - e. **demonstrate leadership and commitment to the community through involvement in extracurricular activities.**
2. Each public high school within Prince William County may submit two (2) students for consideration.
3. The guidance/college/career counselor of the high school *must* submit applications for qualified students to the Prince William County Public Schools Education Foundation *by or before Friday, April 3, 2009*. Late applications will **NOT** be accepted and applications cannot be faxed or e-mailed. Please allow time if mailed or sent by PWCS courier to arrive by the deadline.
4. Application Package shall include the following completed items:
  - a. **Application Form**
  - b. **Student Information Form**
  - c. **Submission of school transcript\***

*\* Transcripts to be destroyed immediately following adjournment of the Scholarship Selection Committee.*



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### **Selection Process**

1. The selection committee will be appointed by the President of the Prince William County Public Schools Education Foundation.
2. The Scholarship Committee will award scholarships in May to the students chosen as the most outstanding from among the field of applicants.

*The scholarship award shall be based on merit and qualifications and shall not discriminate against any person on the basis of sex, race, religion, handicap or national origin.*

3. A letter of certification will be presented by a representative of the Prince William County Public Schools Education Foundation at his/her school's annual awards ceremony. A check will be made payable directly to the specified college or university for the amount of the scholarship.

NOTE: The application packet is available at <http://www.pwcs.edu/scholarships>.





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# DR. EDWARD L. KELLY MEMORIAL SCHOLARSHIP STUDENT INFORMATION FORM

**Please Type or Print w/ Black or Blue Ink**

**STUDENT'S NAME** \_\_\_\_\_

**HIGH SCHOOL** \_\_\_\_\_

In your own words, please answer questions 1 and 2 in 250-500 words (approximately ½ to 1 page single spaced); an additional sheet may be used if needed.

**1. *Why do you want to teach?***

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**2. *What do you think will be the most important contribution you will/can make to your students?***

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**3. *List your paid work experience for grades 9-12.***

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**4. *List your extracurricular –school related, community and volunteer-activities for grades 9-12.***

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**5. *List any awards, honors or achievements you have won or accomplished that you are most proud of during your high school career.***

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 Fax (703)791-8004

# DR. EDWARD L. KELLY MEMORIAL SCHOLARSHIP ENROLLMENT/REGISTRATION VERIFICATION FORM

<b>STUDENT'S NAME</b>	Last Name	First Name	Middle Initial
<b>ADDRESS</b> Street Number / Street Name / P.O. Box / Apt. # / Mail City / Mail State / Zip Code			
<b>EMAIL ADDRESS</b>	( )	<b>SOCIAL SECURITY # or COLLEGE ID#</b> <small>(needed to ensure payment is posted to correct account)</small>	
<b>TELEPHONE NUMBER</b>	( )		
<b>CONTINUING EDUCATION INFORMATION</b>			
<b>SCHOOL</b>			
<b>SCHOOL ADDRESS</b> Street Number / Street Name / P.O. Box / Mail City / Mail State / Zip Code			
<b>TELEPHONE NUMBER</b>	( )		
<b>TYPE OF SCHOOL</b>	<input type="checkbox"/> Community College	<input type="checkbox"/> 4-year College or University	
<b>MAJOR</b>		<b>DATE OF ENROLLMENT/REGISTRATION</b>	
<i>Comments/Remarks:</i> _____ _____ _____			
_____ <b>SIGNATURE OF STUDENT</b>		_____ <b>DATE</b>	

*Office Use Only*

<b>RECEIVED BY</b>		<b>DATE RECEIVED</b>	
<b>DATE SCHOOL CONTACTED</b>		<b>CONTACT'S NAME</b>	
<b>DATE CHECK MAILED</b>		<b>CHECK #</b>	<b>AMOUNT PAID</b>

**NOTE:** This sheet is to be filled out (and can be faxed or mailed to the Foundation) only by **winners** after they have been notified and once they have decided on the college they are attending so that checks may be sent directly to the school.