

VIAD Charity Fund
SHIRLIE SLACK MEMORIAL SCHOLARSHIP APPLICATION

1. A \$3,000 Scholarship may be awarded to a high school senior who is a son, daughter or grandchild of a VIADA Member in good standing. The scholarship is based on a high school record of scholastic achievement, extra-curricular activity, volunteerism, and entrepreneurship, as judged by the Selection Committee.
2. The Selection Committee will be made up of three qualified professionals and will be appointed by the Scholarship Committee of the VIAD Charity Fund.
3. To use the scholarship, recipients may attend any technical training school, four-year accredited college or university or junior college of their choice. They must attend the fall term of the selected institution and take a full-course load leading to graduation. The Scholarship Committee will communicate with recipients to be certain they understand the policy.
4. The following should be completed and received by the VIAD Charity Fund Scholarship Committee Chairman, Carla Boucher on or before the first Friday in April:
 - A. VIAD CHARITY FUND APPLICATION FORM
 - B. PHOTOGRAPH (HIGH QUALITY, COLOR, 3 X 5 OR LARGER)
 - C. HIGH SCHOOL TRANSCRIPT
 - D. SCHOLASTIC APTITUDE TEST SCORES
 - E. LETTERS OF RECOMMENDATION FROM HIGH SCHOOL PRINCIPAL, TEACHERS, CLERGY, ETC. (MAXIMUM OF FIVE)

Images and some public information may be published in The Virginia Independent News

5. The Scholarship Committee will inform recipients of their selection in an award letter. A runner-up will be announced if the winner declines.
6. Money will be made available to the recipient through the College Registrar, or the Financial Aid Officer, who will administer it in a manner in keeping with each institution's policies.
7. It is the responsibility of the recipient to make all arrangements for college admission, acceptance and enrollment, and for notification to the VIAD Charity Fund by the authorized college officer of the recipient's enrollment.
8. The recipient is encouraged to accept the Scholarship Award in person at a VIADA meeting, or if necessary, their parents may accept the award for them at said meeting.

I have read and agree to the terms and requirements listed above.

Signature of Applicant:_____ Date:_____

Signature of Parent:_____ Date:_____

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Directions for the Applicant

1. You are instructed by your State VIAD Charity Fund to complete the application and return it along with other required items to the Association's Executive Director on or before April 2. All information supplied by you is for use by the Selection Committee of VIAD Charity Fund. The Fund reserves the right to publish information of scholarship recipients in The Virginia Independent News.
2. Be sure that you have filed an application for admission to the vocational school, four- year, or junior accredited college(s) of your choice and be certain to arrange for and take the College Entrance Examination Board Scholastic Aptitude Test and other appropriate entrance examinations, which may be required by each institution to which you seek admission. It is the nominee's responsibility to make all arrangements for college admission.
3. The scholarship in the amount of \$3,000 for one year will be awarded to the winning nominee with an outstanding high school record of achievement and evidence of excellent college aptitude.
4. Letters of recommendation (Maximum of five) should support the applicant as a candidate for a scholarship.
5. Send the Application, COLOR 3X5 or larger photo, high school transcript, scholastic aptitude scores, and letters of recommendation to:

Mrs. Carla Boucher – Scholarship Committee Chair
c/o VIADA
1525 Huguenot Road
Suite 102
Midlothian, VA 23113

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Date of Application:_____

Name (first, middle, last): _____

Male:_____ Female:_____ Date of Birth:_____

Home Address:_____

City:_____ State:_____ Zip:_____

Best Phone:_____ Email:_____

Name of High School Dates Attended

School Address

Name of High School Dates Attended

School Address

VIADA Member Dealership Name:_____

Street Address:_____

City:_____ State:_____ Zip:_____

Relationship of Applicant to VIADA Member:_____

Parents' Name(s):_____

Address (if different):_____

City:_____ State:_____ Zip:_____

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College(s) to which you are applying for admission: _____

List High School Extracurricular Activities, Offices and Distinctions
(attach additional sheet if necessary):

Briefly list major projects, activities and accomplishments:

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Student's Statement

Please submit a statement in support of your application for a scholarship.

Student's Photo

A recent, high-quality, photo must be attached to the application
(3 x 5 or larger)

Signature of Applicant: _____ Date: _____

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