



Sarah Lanier Tabb Oliver Memorial Scholarship Interest Form for Prospective Freshmen

Review Begins: March 1, 2017
Application Deadline: March 31, 2017

JMU Office of Financial Aid
& Scholarships
Student Success Center
738 S. Mason Street
MSC 3519
Harrisonburg, VA 22807
(540) 568-7820 Phone
(540) 568-7994 Fax

Instructions

Complete this form if the following characteristics apply to you:

- High school senior (graduating spring 2017)
- Female
- Resident of Virginia
- Substantial financial need [based on the results of the Free Application for Federal Student Aid (FAFSA)]

About the Sarah Lanier Tabb Oliver Memorial Scholarship:

This scholarship is made possible by the generous support of the TOWN Foundation of Norfolk, Virginia and honors the memory of Mrs. Oliver, who attended this institution from 1920 to 1922. The TOWN Foundation wishes to assist a student who would not be able to attend JMU without this award.

Amount of award:

Students typically receive \$8,000, renewable for three additional years of an undergraduate education. Continued eligibility requires full time enrollment and satisfactory academic performance. The award amount will depend on the availability of funds.

Follow these steps to request scholarship consideration:

1. Complete the scholarship interest form. (Your form must include original signatures.)
2. On a separate sheet of paper, prepare a 500 word personal statement that addresses the following topics.
 - a. Describe a time you had to overcome obstacles in your pursuit of life or educational goals.
 - b. Describe your participation in extracurricular activities and/or community service.
3. Request a copy of your official high school transcript. (Your transcript must arrive in a sealed envelope, with guidance counselor's signature across the back flap.)
4. Request a letter of recommendation from your high school guidance counselor. (Your recommendation letter must arrive in a sealed envelope with guidance counselor's signature across the back flap.)
5. Place your scholarship interest form, personal statement, official transcript, and letter of recommendation in ONE envelope and mail to the Office of Financial Aid and Scholarships.

General Information

Name:		Social Security Number: - -	
Phone: () - Home <input type="checkbox"/> Cell <input type="checkbox"/>		E-mail Address:	
Home Address:			
City:		State: Virginia	Zip:
High School Attended:			
Cumulative High School GPA:		Expected High School Graduation Date: Spring 2017	
Single parent household: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mother's/Guardian's Occupation:		Highest Grade Completed:	

Father's/Guardian's Occupation:	Highest Grade Completed:
Certification Statement and Authorization to Release Information	
<p>By submitting this interest form, I certify that the information provided is complete and accurate. In addition, I authorize the Office of Financial Aid and Scholarships, as an agent of James Madison University, to release information from my interest form and other available resources, including my Free Application for Federal Student Aid (FAFSA), to individuals or members of search committees participating in the scholarship selection process. Furthermore, the financial aid office has my permission to release any information used in the scholarship selection process to other institutional representatives, the JMU Foundation, and the donor(s). If I receive a scholarship, the financial aid office, other JMU representatives, the JMU Foundation, or members of selection committees may share information with donor(s) and others, about my qualifications, as they deem appropriate. The financial aid office will consider student privacy in any decision to release information.</p> <p>I understand that shared information may include, but is not limited to, the following items.</p> <ul style="list-style-type: none"> • Scholarship application • Grade point average • Financial aid information • Personal identification information (e.g., name, address, and telephone number) <p>Finally, I understand that my decision to authorize the release of information is voluntary. By signing this form, I confirm that I have read and understand the conditions described in this certification/release form.</p>	
Student's Signature:	Date:
Parent or Guardian's Signature: (required if student is a minor)	Date: