



Lylton L. and Augusta Inettie B. Edwards Vocational Trade Scholarship Application

Scholarship Release Date: February 8, 2010

Purpose:

Mrs. Augusta Inettie B. Edwards a long-time resident of Newport News, Virginia and retired school teacher for the Newport News Public schools, established a scholarship endowment fund in the name of she and her husband, the Lylton L. and Augusta Inettie B. Edwards Endowed Scholarship Fund.

The scholarship fund was established to assist residents of the Southeast community of Newport News, Virginia with pursuing vocational trade education. Mrs. Edwards is passionate about providing the opportunity to assist community residents to receive the education and training for a vocational trade.

Document is also available on the Scott Center's website: www.scottcenter.org



Lylton L. and Augusta Inettie B. Edwards Vocational Trade Scholarship Application

Please TYPE/PRINT information requested on this form.

Part A- General Information

Last Name

First Name

Middle Initial

Date of Birth: Month _____

Day _____

Year _____

Social Security Number: _____

Address: _____
Street City Zip Code

Mailing address if different:

Phone #: _____

Email address: _____

Education history:

High school graduate Year _____

Obtained G.E.D. Year _____

Last grade level completed _____

Vocational schools to which you have applied:

Name of vocational school you plan to attend: _____

Have you been accepted for admission to the vocational school of your choice? Yes No

*Please provide a copy of letter of acceptance from vocational school or other official documentation from vocational school to verify your enrollment. Documents attached: Yes No To be mailed

Part B- Residency Information

Are you a U.S. citizen? Yes No

Are you a resident of the Commonwealth of Virginia? Yes No

How many years have you lived at your current address? _____

Are you able to provide proof of residency? Yes No

*Proof of residency must be a document, bill, school records, etc. which verifies your address.

If under 18 years old:

Name of parent or guardian: _____

Address of parent/guardian: _____

Phone number of parent/guardian _____
(area code) + number

Part C- References:

Please provide two (2) letters of reference/recommendation from persons (community residents, church members, co-workers, school personnel, supervisors, etc., but can not include relatives) to speak to your character, motivation to accomplish your goals, etc.

Part D- Certification

I certify that the information I have provided above is true and accurate:

Signature of Applicant Date

Mail application and supporting documentation to:
C. Waldo Scott Center for H.O.P.E.
Attn: Scholarship Committee
3100 Wickham Avenue
Newport News, VA 23607
(757) 244-9223