The Mount Olivet Foundation is offering an Equity Scholarship (up to $5,000) toward the cost of post-secondary school education, for a Black or Latinx high school senior entering college in Fall of 2021, from the following high schools:

* All High School Students in Arlington County, Virginia
* T.C. Williams High School (Alexandria, Virginia)
* Justice High School (Fairfax County, Virginia)
* George Mason High School (Falls Church City, Virginia )

**Application Deadline – April 9, 2021**

**Eligibility.** To be eligible, candidates should be of Black or Latinx descent, have been accepted at an accredited two or four year college, university or equivalent institution, demonstrate financial need, and have a GPA of at least 2.5. In addition, preference will be given to applicants who are the first in their families to attend a post-secondary school.

**Scholarship.** A scholarship of up to $ 5,000 towards tuition and academic expenses will be awarded. The scholarship is renewable if the recipient maintains a GPA of at least 2.5, is making substantial progress towards an undergraduate degree, and funds are available.

**Application.** The form is available at <https://www.mountolivetfoundation.org/> . Provide additional pages as necessary. Email completed application to: [mofoundation.contact@gmail.com](http://mofoundation.contact@gmail.com)  by April 9, 2021. If you are unable to email the application, please contact us.

**Selection.** Applicants will be ranked according to financial need, written submissions, leadership potential, and community service. The top five candidates will be interviewed remotely by the Selection Committee before it makes its recommendation to the Mount Olivet Foundation Board.

**Applications Due.** Applications are due on or before April 9, 2021. Candidates will be advised of decisions no later than June 1, 2021.

**Questions?** Email us at: [mofoundation.contact@gmail.com](http://mofoundation.contact@gmail.com) . For additional information on the Mount Olivet Foundation, please see our website: <https://www.mountolivetfoundation.org/>

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| Applicant Information -- Type into form or add pages as needed to complete the answers. | |
| **Name** | |
| **Current Address:** | |
| **Cell Phone:** | **Do you prefer TEXT or EMAIL ?** |
| **Email** (type or print clearly): | |
| **Academic Record:** Provide a copy of your current mid-year high school transcript. | |
| **Financial Need:** You must submit a copy of your FAFSA Student Aid Report (SAR) or your FAFSA4Caster. If you do not have a FAFSA, or an SAR, fill out the Financial Status form (attached). Please do not submit both. | |
| **Extracurricular Activities:** | |
| **Leadership Experience:** | |
| **References – A Letter and Contacts:**  Please provide: (i) A letter of recommendation from your counselor or a high school teacher (see the attached form). Ask the counselor or teacher to download and fill out the form from <https://www.mountolivetfoundation.org/> and email it directly to [mofoundation.contact@gmail.com](http://mofoundation.contact@gmail.com) ; (ii) Names, emails and phone numbers of two references: a teacher; and an adult member of the community who knows you well (e.g. coach, counselor, clergy). | |
| **Educational Objectives:** Briefly describe your career goals. | |
| **One Essay:** (250 - 500 words). Choose **one** of the topics below:  (i) Who has inspired you ? Describe why, and what is inspirational about that person.  (ii) If you were writing your memoir, what would be its main focus? Was there a day, an event, a person, an achievement, that altered the path of your life? For good or for bad ? | |
| **Educational Institution and Degree:** Provide name and address of institution you will attend:  **Degree Program: Date of Expected Graduation:** | |
| **Are you currently employed ? Yes / No If yes, number of hours worked per week:** | |
| **List amounts from any scholarships, grants (including Pell grant), and loans you will receive:** | |

I certify that the facts stated above are true and correct to the best of my knowledge and understand that any false information will lead to disqualification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**USE THIS FORM ONLY IF YOU ARE UNABLE TO SUBMIT A FAFSA**

**Applicant Name:**

**Financial Information Form:**

(1) Will you be claimed as a dependent on your parents Federal Income Tax return ( ) Yes ( ) No

(2) Will you reside with your parents, rent and board free during the academic year? ( ) Yes ( ) No

(3) Will your parents contribute to your expenses? ( )Yes ( )No. If yes, what amount $\_\_\_\_\_\_\_\_\_\_\_.

Number of dependent brothers and/or sisters? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) Estimated Annual Income (for academic year requested):

Applicant’s annual earnings.................................................................... $\_\_\_\_\_\_\_\_

Contribution from parents……………………………………………… \_\_\_\_\_\_\_\_

Savings …………………………………………………………….…. \_\_\_\_\_\_\_\_

Other Scholarships, Grants and Gifts ……………………………… \_\_\_\_\_\_\_\_

Loans ……………………………………………………………. \_\_\_\_\_\_\_\_

Total: \_\_\_\_\_\_\_\_\_

(5) Estimated Annual Expenses:

Tuition and Fees ..................................................................... $\_\_\_\_\_\_\_\_\_\_\_

Room ………..……………………………………….. \_\_\_\_\_\_\_\_\_\_\_\_

Food and Living Expenses................................................. \_\_\_\_\_\_\_\_\_\_\_

Books and educational supplies........................................... \_\_\_\_\_\_\_\_\_\_\_\_

Other expenses …………………………………………. \_\_\_\_\_\_\_\_\_\_\_

Total:..... $\_\_ \_\_\_\_\_\_\_\_\_\_

I certify that the facts stated above are true and correct to the best of my knowledge and understand that any false information will lead to disqualification:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date