

United Daughters of the Confederacy®

Virginia Division Scholarship Application Checklist

Sponsoring Chapter	_____	Date	_____
Location	_____	Applicant's name	_____
Chapter Contact	_____	Permanent address	_____
Address	_____	City, State, Zip	_____
Phone	_____	Phone	_____
Email	_____	Email	_____

HOW TO SUBMIT APPLICATION (check completed)

- All required materials placed flat in one stack in an envelope in the order listed below
- Materials not folded or stapled (may be secured with clip)
- Packet submitted to Second Vice President of sponsoring Chapter by Chapter's deadline to allow time to submit to Division Second Vice President by April 15 deadline
- Self-addressed, stamped 9 X 12 envelope enclosed if wish to have materials #1-4 below returned

REQUIRED MATERIALS – ONE EACH OF THE FOLLOWING (check completed)

- 1. Wallet-sized photograph of head and shoulders suitable for publication in the Old Dominion Bulletin, if applicant is awarded a scholarship. (Print name on back of photo.)
- 2. Virginia Division Scholarship Application Checklist (revised 2016), complete with all information.
- 3. Lineage Form (revised 2016), complete with all information and proof of lineage **OR** applicant's approved Original UDC or CofC application.
- 4. Copy of Confederate Ancestor's service record **OR** copy of approved Original UDC or CofC application:
 - a) For Military Service, submit official Confederate military record from authoritative source. It must show state and unit.
 - b) For Civil service or Material Aid, submit proof from authoritative source and give full description of service. (If Confederate Ancestor signed Oath of Allegiance prior to April 9, 1865, proof of further service required.)

REQUIRED MATERIALS – ORIGINAL AND THREE COPIES, COLLATED SETS (check completed)

- 5. Virginia Division Scholarship Application Form, complete with all information. This must be signed by Chapter Second Vice President and Chapter President.
- 6. Letter of endorsement from sponsoring UDC Chapter.
- 7. Letter of recommendation from recent teacher/counselor with objective evaluation of application. This must be on school letterhead. Additional letters of recommendation may be included from employers, other teachers, or other adults who are acquainted with the applicant's education goals and work ethic (such as church pastor or scout leader). Total letters of recommendation should not exceed three.
- 8. Financial Report Form, complete with all information.
- 9. Official grade transcript, including previous academic year and fall semester. If applicant attended more than one school, transcripts from all schools must be included.
- 10. Signed letter from applicant (maximum 300 words): a) pledging to make best possible use of the opportunity offered by a UDC scholarship; b) outlining goals and plans/preparation for meeting them; c) explaining what receiving a UDC scholarship would mean to the applicant.

Any application not complying with the above requirements by the April 15 deadline shall be classified as incomplete and shall not be submitted to the Virginia Division Education Committee for consideration.

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Virginia Division Scholarship Application Form

Date _____

Full Name _____

Permanent Address _____

City _____ State _____ Zip code _____

Email _____ Phone _____

Date of Birth _____ Date of High School Graduation _____

College student currently? Yes No If yes, classification _____

Name of parent(s) or guardian(s) _____

Address _____

City _____ State _____ Zip code _____

Occupation: Father _____ Mother _____

Name of Confederate ancestor _____

For military service, give unit & state (include rank, if available) _____

For civil service or Material Aid, give full description of service _____

If applicant's relative is a UDC or CofC member, complete the following (use the back of form if more space is needed)

Name of Member	Relationship	UDC	CofC	Chapter Name/Number
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

High school prep for college (course of study) _____

Cumulative GPA/Scale _____ Test Scores: SAT _____ ACT _____

Name of College or University _____

Address _____

Is this a community college or vo-tech? Yes No If yes, number of years required for certification _____

Proposed major or certification _____

Sponsoring UDC Chapter name/number _____

(original signature required on original form) President of _____ Chapter

(original signature required on original form) Second Vice President of _____ Chapter

IMPORTANT: Follow all instructions on Virginia Division Scholarship Application Checklist.

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Lineage Form for Non-UDC/CofC Members

Complete lineage on chart below for all generations up to and including Confederate Ancestor only. Proof documents are required as necessary to prove the line to the Confederate Ancestor (Birth certificates, death certificates, census records, Family Bible records, or other authoritative sources). Applicant must be lineal descendant of Confederate Ancestor, unless he/she is a member of the UDC or CofC. Approved UDC/CofC membership application of relative may be used as proof of lineage on this form. Approved UDC/CofC Application may be substituted for this form.

Generation 1

Applicant

I am the son daughter of

Generation 2

Father _____

Mother _____

Proof: **Applicant's birth certificate**

The said _____ Is the son daughter of

Generation 3

Father _____

Mother _____

Proof: _____

The said _____ Is the son daughter of

Generation 4

Father _____

Mother _____

Proof: _____

The said _____ Is the son daughter of

Generation 5

Father _____

Mother _____

Proof: _____

The said _____ Is the son daughter of

Generation 6

Father _____

Mother _____

Proof: _____

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Financial Report Form

Name of Applicant _____ Date _____
(If applicant is self-supporting, use the parents' spaces for self and spouse)

Father/Guardian or Self		Mother/Guardian or Self	
Name	_____	Name	_____
Address	_____	Address	_____
City	_____	City	_____
State	_____ Zip code _____	State	_____ Zip code _____
Employer	_____	Employer	_____
Job Title	_____	Job Title	_____

Total Income - Parents/Guardians or Self & Spouse (Check One)

Under \$25,000 \$25,000 - \$50,000 \$50,000 - \$75,000 \$75,000 - \$100,000
\$100,000 - \$150,000 \$150,000 - \$200,000 Over \$200,000

Other anticipated sources of income or financial aid (include other scholarships)

Other information concerning financial assets/obligations that explain need for UDC scholarship

Applicant's estimated expenses for one year of college/university

Tuition	\$ _____
Room and Board	\$ _____
Books and Supplies	\$ _____
Other (please specify)	\$ _____
Total Estimated Expenses	\$ _____

Additional comments

Applicant _____
(signature required)

Father/Guardian _____ Mother/Guardian _____
(signatures required unless applicant is financially independent)

Note: Original signatures required on original form