



**School of Continuing Studies**  
**JEAN H. PROFFITT SCHOLARSHIP APPLICATION**  
**Application Deadline – July 1**

Established in 1996 by alumni, students and friends, the scholarship is available to bachelor degree candidates who have been accepted to the Evening School, School of Continuing Studies. This scholarship is administered by the School of Continuing Studies Alumni Association.

Please complete the following form and **return with a detailed letter** (typed and double-spaced) indicating your financial need, long-range goals, work experience, volunteer or community involvement, educational achievements, special circumstances which create financial need and any additional comments that might increase our understanding to:

Jean H. Proffitt Scholarship, SCS Alumni Association, School of Continuing Studies, University of Richmond, Virginia 23173

*Applicants may be asked to meet with the selection committee. All information will remain confidential.*

<b><u>Personal Information</u></b>	
Name _____	Home Phone _____
Address _____	
Student ID _____	Birth date _____
Present employer _____	
Occupation _____	Business Phone _____
Number of dependents, if any _____	Ages _____
Number of credits completed in the School of Continuing Studies _____ GPA _____	
<i>Number of courses you plan to take in the Spring term _____ Fall term _____</i>	
<b><u>Financial Information</u></b>	
Total Annual Household - Gross Income ..... \$ _____	
Estimated combined take home pay for current year ..... \$ _____	
Estimated total household expenses for current year ..... \$ _____	
Other Assets: Real Estate value \$ _____ Unpaid mortgage \$ _____	
Investments \$ _____ Savings Accts. \$ _____ Other (please list) _____	
Are you receiving scholarship assistance from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, how much do you receive?</i> _____	
Do you receive reimbursement from an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, how much do you receive?</i> _____	

***I declare that the above information is true and accurate, and I hereby grant permission for the selection committee to verify this information.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



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Detailed Letter

*Indicate your financial need, long-range goals, work experience, volunteer or community involvement, educational achievements, special circumstances that create financial need, and any additional comments. Please type and double space. Use the space below or attach as a separate page.*