



**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 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.*

**Personal Information**

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 \_\_\_\_\_  
     *Number of courses you plan to take in the Spring term \_\_\_\_\_ Fall term \_\_\_\_\_*

**Financial Information**

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?  Yes  No  
     *If yes, how much do you receive?* \_\_\_\_\_  
 Do you receive reimbursement from an employer?  Yes  No  
     *If yes, how much do you receive?* \_\_\_\_\_

***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.*