



## Foundation Scholars Fund Application Guidelines

The St. Croix Foundation was established in 1990 to improve the quality of life for St. Croix residents. The Foundation administers the Foundation Scholars Fund that awards grants to adults on St. Croix wishing to pursue further educational opportunities.

The goal of the Foundation Scholars Fund is to promote continuing adult education among the residents of the island of St Croix.

### Foundation Scholars Guidelines

---

**Qualifications:** To qualify for a Foundation Scholars Scholarship, applicants must:

- ✓ Be a high school graduate living on St. Croix;
- ✓ Identify a worthwhile university program (the program can also be a part of a workshop or conference if part of a certification process);
- ✓ Demonstrate financial need.

Limited funds are available. Maximum scholarship amount is \$1,500.

**Review Process:** Priority will be given to applications that demonstrate:

- the applicant's focus is to complete a degree or certification program in/associated with Business;
- meaningful accomplishments both in school, in the community, and in the workplace (reflected in letters of reference and the personal statement);
- the quality and academic rigor of the program;
- the need for financial assistance
- the applicant is currently working and is able to contribute some funds;

**Attachments:** This completed application **MUST INCLUDE** (\*clear copies acceptable):

- \_\_\_\_\_ birth or baptismal certificate\*;
- \_\_\_\_\_ high school transcript and official college transcript(s);
- \_\_\_\_\_ materials/brochures which describe the program applied for;
- \_\_\_\_\_ two letters of reference (one must be an academic reference)
- \_\_\_\_\_ a brief personal statement (500 words or less).

This completed application and all the above documentation should be mailed to:



**St. Croix Foundation**  
**Foundation Scholars Scholarship Program**  
**#72 Flag Drive,**  
**Gallows Bay, St. Croix, 00820**

This scholarship was funded by Foundation Scholars Scholarship Fund.  
For additional information, please contact the Foundation Office at 340-773-9898.



## FOUNDATION SCHOLARS SCHOLARSHIP APPLICATION 2007

**Contact Information** (Please type all information)

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
City
State
Zip Code

Mailing Address: \_\_\_\_\_  
City
State
Zip Code

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Employment Information** (Please type all information)

Employer Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City
State
Zip Code

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Please list below ALL educational institutions attended. Included dates attended and degrees received (if applicable). List your high school first and then institutes of higher education in chronological order. If extra space is needed for workshops, seminars, and/or a conference for which certification was received, please attach a separate sheet.

| Name of high/school/college/university | From<br>Month / Year | To<br>Month / Year | Hours/credits<br>completed | Degree(s) earned |
|--|----------------------|--------------------|----------------------------|------------------|
|  |                      |                    |                            |                  |
|  |                      |                    |                            |                  |
|  |                      |                    |                            |                  |

1. Are you currently participating or volunteering in any community activities? Explain: \_\_\_\_\_

\_\_\_\_\_

2. What future plans do you have after earning your degree/certification? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. For what University(ies) or institution(s) have you applied? List in order of your preference.

[Attach copy of acceptance letter if applicable; attach program summaries/brochures]

A) \_\_\_\_\_ Length of time (weeks) \_\_\_\_\_ Accepted? Yes  No  Don't Know

B) \_\_\_\_\_ Length of time (weeks) \_\_\_\_\_ Accepted? Yes  No  Don't Know

C) \_\_\_\_\_ Length of time (weeks) \_\_\_\_\_ Accepted? Yes  No  Don't Know

**EXPENSES:** What will be your costs to attend the program? Please indicate costs for institutions listed above.

|                              | Preference A | Preference B | Preference C |
|------------------------------|--------------|--------------|--------------|
| Tuition for the full program | _____        | _____        | _____        |
| Room & Board                 | _____        | _____        | _____        |
| Supplies/Books               | _____        | _____        | _____        |
| Travel                       | _____        | _____        | _____        |
| Other Expenses (Explain)     | _____        | _____        | _____        |
| TOTAL:                       | _____        | _____        | _____        |

**AVAILABLE FUNDS:** What funds are available to you to help cover the costs of your program?

Family contribution \_\_\_\_\_

Student earnings/contribution \_\_\_\_\_

Scholarships \_\_\_\_\_

Other resources (explain) \_\_\_\_\_

TOTAL: \_\_\_\_\_

1. What is the dollar amount of scholarship you would need to attend your chosen program? \$\_\_\_\_\_

2. Please submit a short personal statement on a separate sheet of paper (no more than 500 words).

THIS CERTIFICATION MUST BE SIGNED AND DATED BY THE APPLICANT BEFORE THE REVIEW PROCESS CAN BEGIN. I understand that withholding information requested on this application or giving false information may make me ineligible for a scholarship from the Foundation Scholars Fund. I certify that the statements I have made on this application are correct and complete.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Applicant must sign in order to qualify.)*

**REMINDER:** This form, along with all supporting documents, must accompany the student's completed application. All must be mailed to **St. Croix Foundation, Foundation Scholars Scholarship Program, 72 Flag Drive, Gallows Bay, St. Croix 00820.**