



Gloria S. Berkley

S C H O L A R S H I P 2 0 2 6

Dear Applicant:

The Gloria S. Berkley Scholarship was established in memory of Gloria S. Berkley, Past President and longstanding Board Member of the Coalition for Health, Advocacy, and Prevention (CHAP). Her mission was to improve health outcomes of both young and old alike and advocate for HIV/AIDS awareness and prevention. This award recognizes students pursuing a higher level of education and have the same tenacity of creating a healthier society for all. To apply for and receive the Gloria S. Berkley Scholarship you must:

1. Currently be a high school senior attending a public, private, charter or parochial high school.
2. Have an overall grade point average of at least 2.50 or higher (based on a 4.0 non-weighted scale).
3. Be A Legal Resident of Virginia
4. Intend to enroll in a full-time program at an accredited college, university, vocational, or trade school during the **2026-2027** academic year.
5. Provide an Official Sealed, Signed High School Transcript in a separate sealed envelope (parchment transcripts are permitted).
6. Provide two (2) Typed letters of recommendation from any of the following persons (no more than one per category)
 - High School Educator
 - Community Leader
 - High School Administrator
 - Minister
 - Organizational Sponsor
 - Employer
 - Volunteer Coordinator

All letters must include contact information of the person providing the recommendation and must be signed in ink. Recommendations from family members in the categories above will **not** be accepted.

7. A Typed one-page Position Statement on **“The importance of schools and communities prioritizing mental health and other essential health services or resources to adolescents and young adults in our community.”**
(computer generated, size 12 Times New Roman font, double-spaced, one-inch margins)
8. Provide a senior picture if selected for the scholarship (jpeg format).
9. **Participate in the CHAP Scholarship Award Ceremony in early August, if selected for the scholarship.**
10. Provide verification of your enrollment into an accredited college, university, vocational, or trade school before you can receive scholarship as a condition of award.

Please Submit Your Completed *Typed* Application (No hand-written applications will be accepted.) to:

Scholarship Committee • Dana Whitted, Scholarship Chair
CHAP Youth Summit Committee • P.O. Box 161 • Lynchburg, VA 24504

ALL DOCUMENTS MUST BE SUBMITTED ELECTRONICALLY OR BY US AND POSTMARKED BY May 15, 2026.

If you have questions regarding this scholarship, please contact Dana Whitted at Dana.Hawkins13@gmail.com or 434.509.2444.





Gloria Berkley

S C H O L A R S H I P 2 0 2 6

| (1) Applicant Information | | | |
|---------------------------------|----------------------------|---------------------------------|-------------|
| FIRST NAME | MIDDLE NAME | LAST NAME | GENDER |
| STREET ADDRESS | | | |
| CITY | | STATE | ZIP |
| HOME PHONE | MOBILE PHONE | E-MAIL ADDRESS | |
| DATE OF BIRTH (Month/Day/Year) | | PLACE OF BIRTH (City and State) | |
| High School | | | |
| HIGH SCHOOL ATTENDING | | GRADE | OVERALL GPA |
| EXPECTED GRADUATION DATE | | | |
| ADDRESS | | CITY | STATE |
| | | ZIP | |
| College/University and Major | | | |
| PREFERRED COLLEGE/UNIVERSITY | | LOCATION (City and State) | |
| INTENDED MAJOR/FIELD OF STUDY | | INTENDED MINOR/FIELD OF STUDY | |
| (2) Parent/Guardian Information | | | |
| NAME OF MOTHER/GUARDIAN | | | |
| ADDRESS | | CITY | STATE |
| | | ZIP | |
| MOTHER'S WORK PHONE | | MOTHER'S MOBILE PHONE | |
| NAME OF FATHER/GUARDIAN | | | |
| ADDRESS | | CITY | STATE |
| | | ZIP | |
| FATHER'S WORK PHONE | | FATHER'S MOBILE PHONE | |
| (3) Work Experience | | | |
| EMPLOYER/ORGANIZATION | DATE OF EMPLOYMENT/SERVICE | POSITION HELD | |
| (1) | | | |
| (2) | | | |
| (3) | | | |



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(4) Colleges and Universities

| NAME OF SCHOOL TO WHICH YOU APPLIED | CITY/STATE | STATUS OF APPLICATION |
|-------------------------------------|------------|-----------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |

(5) Honors and Awards (e.g., academic, athletic, athletic, community, and/or school awards)

| AWARD | SOURCE OF AWARD | REASON(S) FOR AWARD |
|-------|-----------------|---------------------|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |

(6) Extra-Curricular/Community Service/Volunteer Experience/Activities

| NAME OF GROUP/ACTIVITY/SERVICE | GRADE (Check Boxes That Apply) | | | | LEADERSHIP POSITION(S) HELD |
|--------------------------------|--------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| | 9 | 10 | 11 | 12 | |
| (1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (4) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (5) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (6) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (7) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (8) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (9) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (10) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

(7) Other

Indicate any additional information not previously shared in this application that you feel the CHAP Scholarship Committee should consider in evaluating your need and eligibility for this scholarship.