



Gloria Berkley

S C H O L A R S H I P 2 0 2 1

Dear Applicant:

Through generous donations, The Coalition for HIV Awareness and Prevention (CHAP) Youth Summit Committee is proud to provide scholarships to students who are wanting to pursue a higher level of education. To apply for and receive the Gloria 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 (based on a 4.0 non-weighted scale).
 3. Be A Legal Resident
 4. Intend to enroll in a full-time program at an accredited college, university, vocational, or trade school during the 2021-2022 academic year.
 5. Provide a senior picture if selected for the scholarship (j peg format).
 6. Have attended at least one (1) Taking the Lead Youth Conference.
 7. Provide **An Official Sealed, Signed High School Transcript** in a separate sealed envelope (parchment transcripts are permitted).
 8. Provide two (2) 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 the 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.
9. Write a one-page Position Statement on What Does Taking the Lead Mean to you? (computer generated, size 12 Times New Roman font, double-spaced, one-inch margins)
 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.

Submit Completed Application to:

Attention:
Scholarship Committee
Dana Hawkins, Scholarship Chair
CHAP Youth Summit Committee
P.O. Box 161
Lynchburg, VA 24504

ALL DOCUMENTS MUST BE POSTMARKED BY APRIL 3, 2021.

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



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(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)		
(4)		
(5)		



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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 (e.g., school, religious, social groups)

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 Youth Summit Committee should consider in evaluating your need and eligibility for this scholarship.