



# Gloria S. Berkley

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

Dear Applicant:

Through generous donations, The Coalition for HIV Awareness and Prevention (CHAP) Youth Summit Committee is proud to provide scholarships to students pursuing a higher level of education. 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 (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 2022-2023 academic year.
  5. Provide a senior picture if selected for the scholarship (jpeg 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 It Take To Be A Leader? (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 Whitted, Scholarship Chair  
CHAP Youth Summit Committee  
P.O. Box 161  
Lynchburg, VA 24504

*ALL DOCUMENTS MUST BE POSTMARKED BY APRIL 2, 2022.*

If you have questions regarding this scholarship, please contact Dana Whitted 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.