

SCHOLARSHIP APPLICATION

Date: _____

Name: _____

Address: _____

Telephone: () _____

Parents' Names: _____

Father: _____

Address: _____

Telephone: () _____

Mother: _____

Address _____

Telephone: () _____

Is your father, mother, or guardian an employee of CapitalOne or Richmond Public Schools? Yes No

Student's School: _____

Student's College Choice (check one):

Community College

4-year College/University

College/University Name: _____

In 200 words or less, discuss your goals for college and your career.

