

David J Cobb Foundation 2021 Scholarship Application

The David J Cobb Foundation, in coordination with SPARK, the Education Foundation for Prince William County Public Schools, is pleased to offer one scholarship in the amount of \$1,000 to one 2021 PWCS graduate who plans to pursue a degree in the medical field. The David J Cobb Foundation is focused on mental illness and suicide prevention. Mental illnesses can present themselves in a variety of medical situations so we are sponsoring the scholarship to any/all medical fields and interested in supporting someone who will keep an eye out for signs of mental illness while providing any medical service.

Eligibility Criteria

- The applicant must plan to pursue an education in the medical field at a 2 or 4-year college or university.
- The applicant must have maintained a minimum of a 3.0 GPA at the time of completing this application.
- The applicant must be in good standing with their attending high school.
- The applicant must have participated in a minimum of 10 hours per month in community activities for each month of senior year community activities (i.e., place of worship, organizations, and/or community groups). ***Due to COVID-19, this is optional this year.**
- A 250 word written or typed essay must be submitted with this application. The essay must answer the following questions: Why did you choose the medical field? What are your plans to help your community after graduation?
- The applicant must submit a recommendation from one teacher and/or one leader of community service in which you participated.
- Graduating senior of any Prince William County school.

Deadline for applications

Applications must be typewritten and received by April 9, 2021. Late applications will not be accepted. Completed applications may be emailed to scholarship@djcfoundation.org or mailed to David J Cobb Foundation, Attn: Scholarship, 9532 Liberia Avenue, #114, Manassas, VA 20110.

If mailed, the post-marked date must be no later than April 9, 2021. The scholarship award shall be based on merit and qualifications and shall not discriminate against any person on the basis of race, color, religion, national origin, sex, or disability.



Part I - Student Information Sheet *(Please Type)*

Student Name <i>Last</i>	<i>First</i>	<i>Middle</i>
Street Address		
City, Zip Code		
High School	PWCS Student Identification Number	
Date of Birth	Student Home Phone	
Student Cell Phone	Student Email	
Parent/Guardian Name		
Parent/Guardian Phone	Parent/Guardian Email	
<i>*Please asterisk the preferred method of contact</i>		

Scholarship Payment Information
Name of College/University
Address for Scholarship Check
<i>Method of Payment: If you are awarded this scholarship, a check will be forwarded to the financial aid office of the school you plan to attend. A copy of your college or university acceptance letter must be provided to SPARK by May 24, 2021 so payment arrangements can be made. As SPARK must have permission to send the scholarship funds to your school or college, please make certain all of the information on this page is correct so SPARK can reach you and your parents to obtain this permission.</i>

School Counselor Section	
Student Cumulative High School GPA	Student Rank in Graduation Class
School Counselor Name	
School Counselor Signature	Date

Part II - Community Activities and Awards *(Please type)*

(Activities and awards related to suicide prevention and mental illness awareness will receive additional consideration.)

***Due to COVID-19, this is optional this year.**

Please list the **three most significant activities and organizations** in which you have been involved in your community. Please identify any organizations that are associated with these activities and your grade level(s) at the time of your involvement. Please explain any acronyms that you use. If you need more space, you may attach a second sheet, but please limit the number of activities and/or organizations to the five most important.

Activity and/or Organization	Position(s) Held	Time Involved	Grade
<i>Examples:</i> PowerPoint Development for Church Services Volunteer-Prince William Hospital	Technical Support for Church Services Student Volunteer	3 hours/week fall/winter/spring 4 hours/week school year	Grades 9, 10, 11, 12 Grade 12
1.			
2.			
3.			

Please list the **three most significant honors/recognitions/awards** you have received through your community related activities and organizations during your high school years. Specify the award and indicate both the sponsoring organization and the level of competition. ***Due to COVID-19, this is optional this year.**

Honors/Recognitions/Awards	Sponsoring Organization Level of Competition: Local, Regional, State, National , International	Year
<i>Example:</i> Water Art Invitational Poster Contest Computer Graphics/First Place	Prince William County Service Authority Local	2013
1.		
2.		
3.		



Part III – Essay *(Please type)*

On an additional piece of paper, please write or type a 250-word essay answering the following questions: Why did you choose the medical field? What are your plans to help your community after graduation?

Essays not on the topic, illegible or exceeding the word limit will NOT be considered.

Part IV – Teacher and/or Community Leader Recommendation

Please give the Scholarship Recommendation Form to your teacher and community leader. Remember to type your name on both pages of the form before you give the form to the person you choose to complete the recommendation.

SCHOLARSHIP RECOMMENDATION FORM

Student Name

This student is applying for the 2021 David J Cobb Foundation Scholarship. This scholarship is intended to recognize and reward motivated students who plan to continue their education at a 2 or 4-year college/university to pursue a Degree in the Medical Field. The Scholarship Committee appreciates your evaluation of this scholarship applicant's strengths.

1. Please complete Part A of the recommendation form.
2. You may complete Part B on the form provided, or you may attach a separate letter of recommendation.

Your comments are critical to the Scholarship Committee. Please return the completed recommendation, including Part A and Part B, in a sealed envelope to the applicant for submission with the scholarship application packet. Please return your recommendation no later than XXXX, 2021. Upon request, the student may review your recommendation. The Scholarship Committee appreciates your evaluation of this scholarship applicant's strengths.

Part A:

Characteristic	Outstanding	Above Average	Average	Below Average	No Basis for Rating
Creativity: flexibility; adaptability					
Emotional Maturity: ability to work with and for others; positive reaction to set-backs					
Initiative: motivated; willing to be self-starting					
Sense of Humor: appropriate responses to difficult situations					
Responsibility: accepting and sharing credit and fault					
Communication skills: verbal; writing; technology skills					
Reliability: capacity to work independently; dependability in completing assignments					
Resourcefulness: aptitude for solving problems					

SCHOLARSHIP RECOMMENDATION FORM

Student Name

Part B:

You may attach a separate letter of recommendation rather than completing the questions on this sheet.

Describe the student's strengths on how they can further our organization's cause as we look for ways to improve how society approaches and treats mental illness.

Please provide specific examples of the applicant's strengths on ways to improve how society approaches and treats mental illness.

Provide any other comments about the applicant that would help the committee reach its decision.

Professional relationship to applicant <i>(check appropriate box)</i> <input type="checkbox"/> Teacher/ Educator <input type="checkbox"/> Employer/Supervisor		
Name		
Position or Title		
School or Company		
Phone EXT	Email	
Signature		Date