



VIRGINIA BEACH CITY PUBLIC SCHOOLS

A H E A D O F T H E C U R V E

SCHOLARSHIP CENTRAL

Change/Addition Form

School: _____

Name: _____ Date: _____

Scholarship Name: _____

(List in the following order: school specific; sponsoring agencies; name of scholarship)

Scholarship Contact: _____

Web Address: _____

E-mail Address: _____

Requirements/Eligibility:

Amount (*specific or range*): \$ _____

No. of Scholarships: _____
(Up to 11 or TBD)

Deadline: _____

Type: _____ School Specific _____ General

GPA Required: _____ Yes _____ No

Financial Need: _____ Yes _____ No

Extracurricular/Community Service: _____ Yes _____ No

Minority: _____ Yes _____ No _____ N/A

Send completed form with Scholarship Application to Nancy Hollingsworth at Nancy.Hollingsworth@vbschools.com or to the Department of Curriculum and Instruction, Office of Guidance Services and Student Records, 520 S. Independence Blvd., Virginia Beach, VA 23452