



State of Maryland International Reading Association Council

Undergraduate Joseph J. Fox, Jr. Memorial Scholarship Verification Form

2017-2018

Application Deadline: April 15, 2018

Application forms should be reviewed by the Principal, Counselor, or Teacher and this form completed by him/her and returned to the applicant.

	Please check one	
	Forms Mailed Directly	Forms Returned to Applicant
Scholarship Application Part One		
Student Written Essay		
Scholarship Application Part Two		
High School Transcript		
Two Letters of Recommendation		

(Signature)

(Title)

(Date)

Application must be postmarked by April 15, 2018

Mail all parts of the application to:

Don Bailey
Scholarship Committee Chairperson
1509 Augusta Way
Crofton, Maryland 21114



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Part Two

To be completed by a person from the school who is best qualified to evaluate the applicant (Principal, Counselor, or Teacher).

Name of student: _____
(last) (first) (middle)

Name of high school: _____

Address of high school: _____

Phone number for high school: _____

Student's rank in graduating class: _____ in a senior class of _____ students

Cumulative grade point average (at least a 3.2 on a 4.0 scale) GPA: _____

PLEASE ENCLOSE A TRANSCRIPT WITH THIS PART OF THE APPLICATION

Has the applicant submitted an application for admittance to an accredited college or university that will qualify him/her for teaching in the state of Maryland? _____

Please rate the applicant to the best of your knowledge on the following information. Circle the most applicable description.

The applicant has demonstrated:

- | | | | | |
|--|------|--------|----------|------|
| 1. an interest in teaching | none | slight | moderate | high |
| 2. community service in education-related activities | none | slight | moderate | high |
| 3. ability to do well in college | none | slight | moderate | high |

Comments: _____

(Signature)

(Title)

(Date)



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Part One

Applicant: Please complete in full. Please type or print carefully.

Name: _____
(last) (first) (middle)

Address: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

High School Attending: _____

College or University you plan to attend: _____

Area of education you plan to pursue: _____

List the names of two people, other than relatives, whom you have asked to submit a letter of recommendation to the scholarship committee:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please submit an essay explaining the reasons you are qualified and should receive this scholarship. Refer to the three-point rubric for guidance.