American Woodmark Foundation Scholarship for Professional Development

*Guidelines and Procedures*

The American Woodmark Foundation, formed in 1995, is the major vehicle by which American Woodmark Corporation makes its charitable donations. This scholarship is a result of the generosity of the organization and its investment in the community.

Established in 2006, this need-based scholarship will be awarded to students enrolled in at least one LFCC Office of Workforce Solutions and Continuing Education course. The scholarship award, not to exceed 50% of the total cost of the course, may be applied toward tuition, books and/or fees. Students whose professional development courses are funded by their employers are ineligible for these funds. Scholarship recipients must successfully complete the courses to be considered for future scholarship funds.

The following criteria must be met:

- Must complete a scholarship application
- Must be enrolled in at least one LFCC Office of Workforce Solutions and Continuing Education course
- Must not receive funding from employers
- Must exemplify the ideals of responsibility, persistence, work ethic, team work and academic effort
- Must submit a signed letter of recommendation (from a current or past employer) that addresses such qualities as the student’s level of responsibility, persistence, work ethic, team work, academic effort and commitment to the Colleges core values. **Please note:** If you graduated from high school within the past 18 months, you may submit a letter from your high school guidance counselor instead of a letter from a current or past employer.

Funds will not be issued to students. Instead, the funds will be issued directly to the College. Recipients will be chosen by the LFCC Office of Workforce Solutions and Continuing Education. Because of the special nature of this scholarship, the deadline that applies to the other scholarships does not apply to this one. Students are required to complete the coursework for which they are using the scholarship funds.

In addition:
• Funds will be awarded based upon the availability of funds and the appropriateness of the request.
• Applicants will be notified of the decision via e-mail and within 15 business days of receipt of a completed and signed application.
• If the request is approved, the students will be required to write a thank-you note or letter to the LFCC Educational Foundation. A thank-you note or letter is required to be received before the funds can be issued.
• If the request is approved, the funds will be issued directly to the College within 10 business days after the student’s thank-you note or letter is received.
• Upon receiving the scholarship, students are under no obligation to repay the funds. If the students provide inaccurate information and/or do not adhere to the guidelines of the scholarship fund, they will be required to repay the money and will not be allowed to apply for scholarship funds in the future.
American Woodmark Foundation Scholarship for Professional Development

Application

Please complete, sign and return this application to:

Ms. Jeanian Clark
Assistant Vice President of Workforce Solutions and Continuing Education
Lord Fairfax Community College
173 Skirmisher Lane
Middletown, VA 22645
E-mail: jclark@lfcc.edu
Middletown Campus Telephone: 540-868-7021 ~ Fax: 540-868-7020
Fauquier Campus Telephone: 540-351-1524 ~ Fax: 540-351-1560

Important Note: Students who submit incomplete information will be denied scholarship funds. Also, students who submit incomplete information will NOT be contacted for the missing materials.

Required Student Information

| Full Name: |  |
| Empl ID: |  |
| Social Security Number: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Telephone Number: |  |
| E-mail Address: |  |

Required Student Employer Information

| Full Name of Employer (Organization): |  |
| Full Name of Immediate Supervisor: |  |
| Street Address: |  |
| City, State, Zip Code: |  |
| Telephone Number: |  |
Students will be contacted through e-mail. Please ensure the e-mail address you provided is accurate, current, complete and legible.

Information About Request

<table>
<thead>
<tr>
<th>Purpose of Request:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title of Course(s):</td>
</tr>
<tr>
<td>Amount of Request [not to exceed 50% of the total cost of the course(s)]:</td>
</tr>
<tr>
<td>Amount of Request to be paid to LFCC:</td>
</tr>
<tr>
<td>Amount of Request to be paid to the LFCC Bookstore (if applicable):</td>
</tr>
<tr>
<td>Date That Funds are Needed:</td>
</tr>
</tbody>
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Please attach a copy of the documentation related to and verifying your request.

Verification By Workforce Solutions and Continuing Education Office

__________________________________________________________________________
Printed Name of Workforce Solutions and Continuing Education Employee

__________________________________________________________________________
Signature of Workforce Solutions and Continuing Education Employee

________________________________________ ________________________
Signature of Student Date

***************
By signing below, I declare that I understand and will adhere to the guidelines of the LFCC American Woodmark Foundation Scholarship for Professional Development and verify that I am not receiving any financial aid for this course from my employer. I understand that if I provide inaccurate information and/or do not adhere to the guidelines of the scholarship fund, I will be required to repay the money and will not be allowed to apply for funds in the future.

I authorize the release of biographical information for use in publicity related to the scholarship program. I understand that anything I write as part of my scholarship application may be shared with the scholarship donor and/or used for publicity in College and LFCC Educational Foundation Inc. written materials, online information and media opportunities.

I understand that I must make every attempt to attend the Appreciation Dinner in the spring at the LFCC Middletown Campus and that I may be asked to serve as an ambassador or representative of LFCC at events during the year.

________________________________________ ________________________
Signature of Student Date
Checklist

*Before you submit the application form, please confirm that you have completed the following tasks:*

- Completed the entire application form
- Printed legibly
- Enclosed your letter of recommendation
- Signed and dated the form
o Date request received: __________________________________________________________________________
o Date request approved: __________________________________________________________________________
o Date and reason request was denied: __________________________________________________________________________
  o Information was missing from application packet
  o Student does not meet scholarship criteria
  o Other: __________________________________________________________________________
o Date requester informed of decision: __________________________________________________________________________
o Date thank-you letter received: __________________________________________________________________________
o Date thank-you letter forwarded to LFCC Educational Foundation Inc.: __________
o Date Foundation purchase requisition and copy of application form submitted to Foundation: __________
o Date check received from the Foundation: __________________________________________________________________________