

The Herb Block **scholarship**



www.herblockfoundation.org

HERBLOCK

The Herb Block Foundation



The Herb Block scholarship

To qualify as a full-time or part-time applicant, you must:

- Demonstrate financial need;
- Be a permanent resident of Washington, DC; Montgomery or Prince George's Counties in Maryland; Arlington or Fairfax Counties; or the cities of Alexandria or Falls Church in Virginia;
- Have earned a high school diploma, or, be eligible to complete high school in the academic year in which the application is filed, or, have attained a GED or other diploma equivalent accredited by the state of Maryland, Virginia, or the District of Columbia, or, be an enrolled student at one of the eligible community colleges who will not have completed their 40th credit towards a degree before the beginning of the first semester in which they would be receiving the scholarship;
- Have not previously earned a bachelor's degree, an associate's degree, or a vocational certificate at any post-secondary institution in the United States;
- Plan to register for at least six credits per semester at one of the four eligible community colleges (see below);
- Accept the decision of the Scholarship Committee as final.

eligible schools for attendance (all campuses)

1. Community College of the District of Columbia
2. Montgomery College
3. Northern Virginia Community College
4. Prince George's Community College

Application Procedures

step 1

The attached Herb Block Scholarship Application is designed for you to report your academic and work experience, personal background, and your plans for the future. Your responses to these items are important for us to make our decision. If you prefer to submit an online application, you may do so by visiting www.herblockfoundation.org.

High school seniors and first year community college students must complete the application, sign the authorization/certification on the last page and give the form to a guidance counselor or school official who will:

1. Complete the additional information requested on the last page.
2. Attach an official up-to-date transcript of high school or college grades in progress.
3. Sign the application and enclose a school profile, if one is available.

Current community college students who are unable to obtain high school transcripts must provide grades from completed college courses and have their college advisor complete information on the bottom half of the last page of the application.

All other applicants not attending high school or a community college must provide academic records for evaluation or call ISTS Customer Care at **855.670.ISTS (4787)** or email contactus@applyists.com if extenuating circumstances warrant that an exception be made to this requirement.

All applications must be received by ISTS by the deadline dates: Fall Semester **JULY 7TH**; Spring Semester: **NOVEMBER 10TH**

step 2

Two letters of recommendation are required. Please refer to the application for details on acceptable sources for these letters.

step 3

Supply a copy of your most recent FAFSA Student Aid Report (SAR). You can print a copy of your SAR by logging into your account at www.fafsa.ed.gov. This statement can be sent under separate cover from other materials to ensure confidentiality.

Failure to submit the FAFSA Student Aid Report will disqualify the applicant.

Program Administrator

International Scholarship and Tuition Services, Inc. (ISTS) based in Nashville, TN, handles all phases of the scholarship competition.

Scholarship Winner Selection

ISTS will convene an independent committee of college admissions and financial aid professionals to review applications. No member of the committee is connected with The Herb Block Foundation.

Please note that applicants must demonstrate financial need and will be reviewed under one of three categories of academic achievement: (1) A and B-level students, (2) C-level students showing continuous academic improvement, and (3) adult learners and students applying with GEDs or other equivalency diplomas.

All materials submitted to support a scholarship application are used only in the selection process. Your folder will remain active during the period the scholarship is in force and will be retained for one year thereafter. All records are confidential and available for reference by ISTS and by The Herb Block Foundation, as appropriate.

Scholarship Amounts

The Herb Block Scholarship is a “last dollar” scholarship valued at up to \$8,000 per academic year (not to exceed \$16,000 over the life of the scholarship). The award covers tuition, mandatory fees, books & supplies, as well as limited transportation and child care expenses. The actual award amount for each recipient is determined in conjunction with the financial aid office, and is based on a student’s balance after all other financial resources are considered. All applicants must complete the Free Application for Federal Student Aid, better known as FAFSA. The website for more information on the FAFSA and how to apply can be found at www.fafsa.ed.gov. Award amounts will be based on FAFSA data, as well as actual tuition & fee information provided by the college financial aid office for the determination of the “last dollar” needed to meet authorized expenses.

The Herb Block Foundation anticipates awarding approximately 100 scholarships per year and reserves the right to determine the number of scholarships to be awarded in each year.

Any Herb Block Scholar with a lapse in college attendance for two consecutive years (for reasons other than documented medical issues, military service, or family emergency) may be removed from the program at the discretion of ISTS or The Herb Block Foundation. Students who leave college for one of the reasons listed above should contact ISTS to request that their scholarship be held in abeyance during their absence. Scholars who leave school for other reasons are welcome to submit a new scholarship application at the next available opportunity, provided they have not completed more than 40 credits towards a degree or certificate and can show proof of enrollment at a participating college.

Award amounts reflect full-time or part-time attendance. All coursework must be completed within five years. Students who complete their studies in less than five years will have remaining money returned to The Herb Block Foundation. Should a winner withdraw from college, any remaining scholarship aid will be returned to The Herb Block Foundation.

The Herb Block Scholarship is transferable within the participating community colleges only.

Renewal Requirements/Payments

Scholarships are renewed on an annual basis. To qualify for renewal of the scholarship, students are expected to:

1. maintain a C average, while earning at least six credits in each semester they are enrolled;
2. complete the online Renewal Form;
3. arrange for their college to release an official transcript of grades at the end of the school year to ISTS.

Payments will be made only if the student meets the renewal requirements each year. **Awards are made payable to the recipient’s institution, to be prorated over the terms that make up the academic year.**

General questions about the program may be directed to:

International Scholarship and Tuition Services, Inc.:

ISTS Customer Care: **855.670.ISTS (4787)** e: contactus@applyists.com

Paper applications can be mailed to: The Herb Block Scholarship/International Scholarship and Tuition Services, Inc.

1321 Murfreesboro Road, Suite 800, Nashville, TN 37217

Please notify International Scholarship and Tuition Services, Inc. at the number and address above for any contact information changes so you can receive information regarding your status during the application process.

For news and updates about the scholarship program, please visit The Herb Block Foundation on Facebook.

Application

The Herb Block scholarship

The Herb Block Foundation would like information about your background, interests, academics, demonstrated leadership, and career plans. Your answers to these questions will be used only in connection with your application for the scholarship and will be reviewed by an independent selection committee of education professionals.

Please TYPE or PRINT LEGIBLY. You may type your responses (no smaller than 10 point type) on the computer directly on the application then print and mail. Attach additional pages as necessary. The completeness, neatness, and legibility of your replies will allow for a thorough review of your credentials.

Type of Scholarship (check one): 2-Year Associate Degree Vo/Tech Certificate

APPLICANT INFORMATION

LEGAL NAME

Last First MI

PERMANENT HOME ADDRESS

Number and Street

City State Zip Code E-mail Address

COUNTY OF RESIDENCE

Montgomery Co., MD Alexandria City, VA Fairfax Co., VA Washington, DC
 Prince George's Co., MD Arlington Co., VA Falls Church, VA

PLEASE INDICATE GENDER

Male Female

TELEPHONE NUMBER

____ - ____ - _____

CELL PHONE NUMBER

____ - ____ - _____

DATE OF BIRTH

____ / ____ / ____
Month Day Year

EDUCATION

Are you applying as a GED or other equivalency diploma holder?

Yes No

Students applying with a GED or EDP must submit a copy of their certificate with this application.

Enter your HIGH SCHOOL graduation date or date of GED/EDP.

Are you currently a high school senior? Yes No

HIGH SCHOOL NAME

City State Zip Code

Are you enrolled in college now?

Yes No

Enter your anticipated COLLEGE graduation date. _____

COLLEGE YOU ATTEND/PLAN TO ATTEND

Community College of the District of Columbia Montgomery College
 Northern Virginia Community College Prince George's Community College

PLANNED MAJOR/COURSE OF STUDY

As of July 1 of this year, will you have earned an associates or bachelor's degree from a college or university in the USA? Yes No

Other than the high school named above, list all schools that you attended in the *last three years*. List first the school you attended most recently.

Name of School	Location (City and State)	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____

List special courses or programs you have taken during the *last three years*. List the most recent course or program first (Honors, computer certification, electronics, etc.).

Course or Program	Name of School	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHOOL & COMMUNITY ACTIVITIES AND EMPLOYMENT HISTORY

List activities in which you have participated during the *last three years*. (School clubs, student government, publications, varsity or club sports, theater arts, scouting, 4-H, etc.) Please define any acronyms.

Activity	Dates of Participation	Office/Position Held <small>(indicate either Elected or Appointed)</small>	Awards or Honors
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____
_____	_____	Elected Appointed	_____

List community agencies or organizations in which you have participated **without pay** during the *last three years*. (Religious groups, hospital volunteer, cultural activities, outreach programs, etc.)

Name of Agency or Organization	Kind of Activity	Dates of Participation	# of Hours
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year
_____	_____	_____	<input type="checkbox"/> per week <input type="checkbox"/> per year

List jobs you have held in the *last three years*, including summer employment.

Employer or Type of Business	Job or Type of Work	Period of Employment	Dates of Employment	Hours per Week
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____
_____	_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> School Year	_____	_____

If you served as a leader or coordinator in one or more of the activities, groups, or jobs cited above, please choose one, detail your responsibilities, and explain the significance of your contribution to the organization.

Please describe a life experience you found particularly rewarding or satisfying, and explain why. Experiences can include a course, a job, an activity, an internship, or other life event.

FAMILY BACKGROUND

Please check the statement that most closely applies to you as of today's date:

- _____ I am claimed as a dependent on my parents'/guardians' income tax returns
- _____ I am legally emancipated/financially independent from my parents/guardians
- _____ I am the head of my own household

Provide information for all that apply.

	Parent/Guardian/Other	Parent/Guardian/Other	Spouse (if applicable)
Name	_____	_____	_____
Relationship to the Applicant (you)	_____	_____	_____
Occupation/Title	_____	_____	_____
Employer's Name	_____	_____	_____
Highest Level of Education Attained	<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Baccalaureate or higher	<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Baccalaureate or higher	<input type="checkbox"/> Some High School <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Baccalaureate or higher

Siblings: Number _____ Age(s) _____

If you are the head of your own household, how many people are dependent on your income? _____

How has a family member, mentor, or personal experience been influential in your life?

FUTURE GOALS

Based on your current achievements and interests, describe the kind of work that you plan to be doing in 10 years, both in your career and in your community.

RECOMMENDATION REQUIREMENT

Two letters of recommendation are required:

- The **first letter** of recommendation may come from an academic source, or from a personal contact (not a friend, classmate, or family member) that has knowledge of your activities outside the classroom. (e.g. extracurricular activities, community service, work experience, etc.)
- The **second letter** must be provided by a guidance counselor, advisor, teacher/instructor, or school official who is familiar with your academic work.

AUTHORIZATION/CERTIFICATION

Please review your responses, sign your name below, and give this form to a school/college official for completion. Your signature will authorize your school to release the information requested, including class rank and test scores, and certify that all information you entered on this form is accurate and true. **NOTE: IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOUR SCHOOL RELEASES THE REQUESTED INFORMATION BY JULY 7TH FOR FALL SEMESTER OR NOVEMBER 10TH FOR SPRING SEMESTER.** If these dates fall on a weekend or holiday the deadline is the next business day.

Student's Name (Please Print) _____

Student's Signature _____ Date _____

Please make certain to include an official transcript. Mail all scholarship materials by the above deadline dates to:

THE HERB BLOCK SCHOLARSHIP

ISTS INTERNATIONAL SCHOLARSHIP AND TUITION SERVICES, INC., 1321 MURFREESBORO RD, SUITE 800, NASHVILLE, TN 37217

STUDENT – DO NOT WRITE ANYTHING BELOW THIS LINE

SCHOOL INFORMATION & EVALUATION

To be completed by guidance counselor/school official/college advisor.

Complete the information requested below, sign the form, and attach an official transcript of the student's grades that includes the *senior year courses* being taken or most recent college courses. If a school profile is available, include one with this form. *Completion of this section does not serve as a substitute for one of the student's required letters of recommendation.*

I. EVALUATIVE STATEMENTS

Please rate the level of difficulty of the courses this student has taken and passed:

Most Difficult Above Average Average Below Average

Based on your knowledge of the applicant, please reply to each of the following statements by checking the box that most closely matches your professional opinion of the applicant's capabilities. Check only one box per statement.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
This student possesses a high level of academic ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student's academic performance has been exceptional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly involved in extracurricular/co-curricular activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has demonstrated excellent leadership ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student has the self-discipline to excel in a variety of environments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This student is highly responsible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. HIGH SCHOOL DATA (COLLEGE ADVISORS – PLEASE SKIP TO SECTION III)

9TH GRADE GPA •
 WEIGHTED UNWEIGHTED

11TH GRADE GPA •
 WEIGHTED UNWEIGHTED

10TH GRADE GPA •
 WEIGHTED UNWEIGHTED

12TH GRADE GPA (IF AVAILABLE) •
 WEIGHTED UNWEIGHTED

MOST RECENT CLASS RANK

CLASS SIZE

TEST SCORES **ACT** Test Date _____ Composite Score **SAT** Test Date _____

Critical Reading Math Writing Score

III. COLLEGE DATA (HIGH SCHOOL OFFICIALS – PLEASE SKIP TO SIGNATURE BLOCK)

COLLEGE GPA •

Thank you for taking the time to assist with this scholarship application.

Your signature below indicates that you have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Name & Title of School Official

Signature of School Official

Telephone Number

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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High School/College Code

Please make certain to include an official transcript
Mail all scholarship materials by the above deadline dates to:
THE HERB BLOCK SCHOLARSHIP
 ISTS, INTERNATIONAL SCHOLARSHIP AND
 TUITION SERVICES, INC.,
 1321 MURFREESBORO RD, SUITE 800
 NASHVILLE, TN 37217

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Herb Block, better known as Herblock, was the *legendary* editorial cartoonist for *The Washington Post*. In his will he directed the creation of **The Herb Block Foundation**. Established in 2001, the Foundation continues his work to **promote freedom, social justice** and equal opportunity. He was a gentle man who wore ink-stained lumberjack shirts and colorful ties as he worked. In an office packed with piles of books, newspapers and files he was constantly learning. In that *spirit* the Foundation is offering **The Herb Block Scholarship**.

HERBLOCK