

# The Herb Block **scholarship**



[www.herblockfoundation.org](http://www.herblockfoundation.org)

**HERBLOCK**

The Herb Block Foundation



# The Herb Block scholarship

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

- meet eligibility criteria for federal aid;
- be a permanent resident of Washington, DC; Prince George's or Montgomery Counties in Maryland; Arlington or Fairfax Counties; or the cities of Falls Church or Alexandria in Virginia;
- be a high school senior as of September and thereby eligible to complete high school in the academic year in which the application is filed - or - an enrolled student at an eligible community college listed below who has not completed the 30<sup>th</sup> credit towards a degree by the start of the academic year when the award begins - or - have attained a high school diploma or GED and plan to begin attendance at one of the eligible community colleges listed below. All eligibility is restricted to course work towards a first degree earned in the U.S.
- be planning part-time with at least six credits per semester or full-time attendance at one of the eligible community colleges listed below.
- be willing to accept the decision of the Scholarship Committee as final.

## eligible schools for attendance (all campuses)

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

## Application Procedures

### step 1

The enclosed Herb Block Foundation Application is designed for you to report your academic and personal background, extra-curricular activities and your plans for the future. Your responses to these items are important for us to make our decision. Applications may also be downloaded from the Foundation's website at [www.herblockfoundation.org](http://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.

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 Scholarship and Recognition Programs at **609.771.7878** or email [srp@ets.org](mailto:srp@ets.org) if extenuating circumstances warrant that an exception be made to this requirement.

All applications must be received by SRP by the deadline dates: Fall Semester: **JULY 7<sup>th</sup>**; Spring Semester: **NOVEMBER 10<sup>th</sup>**

### 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](http://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

Scholarship & Recognition Programs (SRP) based in Princeton, NJ, handle all phases of the scholarship competition. SRP is a unit of Educational Testing Service.

## Scholarship Winner Selection

SRP 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 high school seniors who apply must display financial need and will be reviewed for one of three categories of academic achievement: A-Level and B-Level students and C-Level students showing continuous academic improvement.

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 SRP 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](http://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. Award amounts reflect full-time and part-time attendance. All coursework must be completed within four years.

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.

Students who complete their studies in less than two 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. continue part-time with at least six credits per semester or full-time for an associate degree or specialized certificate in good academic standing, according to the standards set by the institution;
2. complete and return a Renewal Report Form sent by SRP; and
3. arrange for their college to release an official transcript of grades at the end of the school year to SRP

Payments will be made only if the student meets the renewal requirements. Awards are sent directly to the educational institution the recipient is attending, to be prorated over the terms that make up the academic year.

## General questions about the program may be directed to:

### ETS Scholarship & Recognition Programs

PO Box 6730

Princeton, NJ 08541

609.771.7878

SRP-CSR@ets.org

Please notify ETS Scholarship and Recognition Programs at the number and address above for any contact information changes so you can receive information regarding your status during the application process.



## 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	_____

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

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

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

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	_____	_____

Of all your courses, activities, internships, and work experience, which one did you find most rewarding or personally satisfying? Explain why.

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## RECOMMENDATION REQUIREMENT

Two letters of recommendation are required:

- The **first letter** of recommendation should be provided by a guidance counselor, advisor, teacher/instructor, or school official who is familiar with your academic work.
- The **second letter** may come from a similar 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.).

## 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 7<sup>TH</sup> FOR FALL SEMESTER OR NOVEMBER 10<sup>TH</sup> 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 ETS SCHOLARSHIP & RECOGNITION PROGRAMS PO BOX 6730 PRINCETON, NJ 08541

## 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 cannot 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)

9<sup>TH</sup> GRADE GPA  WEIGHTED  UNWEIGHTED

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11<sup>TH</sup> GRADE GPA  WEIGHTED  UNWEIGHTED

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10<sup>TH</sup> GRADE GPA  WEIGHTED  UNWEIGHTED

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12<sup>TH</sup> GRADE GPA (IF AVAILABLE)  WEIGHTED  UNWEIGHTED

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MOST RECENT CLASS RANK 

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CLASS SIZE 

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TEST SCORES **ACT** Test Date \_\_\_\_\_ Composite Score 

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**SAT**

Test Date \_\_\_\_\_ Critical Reading 

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 Math 

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 Writing Score 

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

COLLEGE GPA 

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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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
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**  
ETS SCHOLARSHIP & RECOGNITION PROGRAMS  
PO BOX 6730 PRINCETON, NJ 08541

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