



The Christopher Darby Ray  
Memorial Scholarship Foundation  
PO Box 382  
Courtland, VA 23837

### Christopher D. Ray Public Safety Memorial Scholarship Application Form

To be completed by the applicant. Please type or print in black ink.

Name (First, MI, Last):		
Home Street Address:		
City:	State:	ZIP:
Telephone No.:		Resident Sheriff:
E-mail address:		
Are you a child/spouse of an active or retired public safety officer:      Circle:    YES      NO		
If yes, what agency?		

#### Education

High School Name		
High School Address (City, State)		
College / University Attending:		
College Street Address:		
City:	State:	ZIP:
Indicate your class status by circling the correct answer below: Freshman      Sophomore      Junior      Senior      Graduate		
Declared Major		Declared Minor
Will you be enrolled as a full-time or part-time student:      Circle:    Full-time      Part-time		



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**Statement of Activities, Honors, Leadership**

Dates	Activity

**Professional Data**

Supply a brief resume of any work experience, including your position, starting and terminating dates and any other pertinent information.

Employer	Position	Dates



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#### ESSAYS AND INFORMATION

On a separate sheet of paper, please write two short essays.

1. Discuss (a) your proposed course of college study, (b) how you reached this decision, (c) what you expect to gain from college, and (d) your personal goals and ambitions.
2. As an applicant you live in rural southeastern Virginia. What do you value about living in a rural community, and how has this shaped you as a person?

Be thoughtful in developing your essays. These essays are your opportunity to convey your motivations and personal characteristics to members of the committee making the scholarship decision

**\*Please attach your high school records and SAT scores (freshman applicants only) or your college records, indicating your grade point average.**

**\*Please attach a letter of acceptance or other proof of acceptance from the college/university you plan to attend.**

**\*Please attach two (2) letters of recommendations.**

**\*You may be contacted for an interview should the need arise**

I believe myself eligible for the *Christopher D. Ray Public Safety Memorial Scholarship* program and certify that all information contained in this application is complete and true.

I understand that the decisions of the committee in the selection of the scholarship recipients will be final.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Parent or Guardian  
(Applicants less than 18 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please return the completed application with essay and attachments to:

**Christopher D. Ray Public Safety Memorial Scholarship  
P. O. Box 382  
Courtland, VA, 23837**

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2022 Scholarship Application