

**SCHOLARSHIP APPLICATION
ARLINGTON-FAIRFAX CHAPTER, INC.
IZAAK WALTON LEAGUE OF AMERICA**

This application is to be completed and returned to your Guidance Office by April 30, 2026, and **must be received by the Arlington-Fairfax Chapter, Inc. no later than May 15, 2026**. Any senior who graduates in 2026 and intends to major in Environmental Sciences or a related field may apply for the Arlington-Fairfax Chapter, Inc. - Izaak Walton League Scholarship. The application must be completely filled in by you, your parents, and your school principal or school counselor. All information provided will be kept in strict confidence by the Arlington-Fairfax Chapter of the Izaak Walton League of America.

SECTION 1, To be completed by the applicant.

Name: _____

Address: _____

Phone: _____ **Date of Birth:** _____

I am currently enrolled at _____ **High School.**

School Address: _____

1. I (have applied/have been accepted) for admission to the following College(s)/University(s):
(Please provide name of school(s) and location(s). Attach a separate sheet of paper if necessary.)

a. _____

b. _____

c. _____

d. _____

e. _____

2. I expect to enroll at _____ in fall 2026. Please state if undecided.

3. My planned major is _____

4. I will graduate from high school on (date) _____

5. List below any extracurricular activities in which you have been involved. Include any community organizations and personal projects. List any awards and honors you may have received as well as any officer positions you may have held. Attach an additional page if needed.

a. High School

b. The Community

c. Personal projects

d. Awards

6. Please list any other scholarships for which you have applied. Indicate those scholarships which you may have already been awarded and their value.

7. Please attach an essay of approximately 500 words or fewer expressing your educational and career purposes, ambitions, and goals. **Be sure to take time to think this essay through thoroughly prior to writing.**

8. Please list any other pertinent information that may be of interest to the scholarship committee. Include such items as jobs you have held or special projects in which you may have been involved.

I hereby declare that the above information is true and correct to the best of my knowledge.

Applicant's Signature

Date

SECTION 2. To be completed by parent or guardian.

1. First Parent's Name: _____

Occupation: _____

2. Second Parent's Name: _____

Occupation: _____

3. Guardian's Name (if Applicable): _____

Occupation: _____

Guardian's relationship to applicant: _____

4. How many other children are in the family? List names and ages.

5. Do you have other legal dependents living with you? If so, please list their names and ages.

_____ _____
_____ _____

6. If you have any other children or dependents in college, please list their institutions of higher learning, their ages, and their annual college expenses.

_____ _____
_____ _____

7. Please state your combined household income for 2025 _____

8. What is the approximate cost per year for the applicant's college education?

9. What is the reasonable amount of money you can contribute each year to the applicant's education?

10. Has the applicant been awarded any other scholarships, grants or financial aid, as of the date this application is signed by you?

Yes ___ No ___

If yes, please state the combined amount of all such financial aid.

11. Have you secured any loans for financing the applicant's college education? Yes ___ No ___

12. On a separate sheet of paper, please state any other financial information or special hardships that you feel the committee should be aware of in considering this application. Feel free to include a personal financial statement if you desire.

I authorize release of any information contained herein to the Scholarship Committee of the Arlington-Fairfax Chapter, Inc. of the Izaak Walton League of America. **I understand that all information will be kept in the strictest confidence by the committee and will only be used for purposes of evaluating this scholarship application.**

Parent/Legal Guardian Signature

Date

SECTION 3. To be completed by the school principal or school counselor.

1. **Name** _____ **Position** _____

2. Attach your personal comments or recommendations regarding the applicant.

3. Attach certified copies of the applicant's transcript, standardized testing scores, and any other academic information which you feel would be of benefit for the committee to know and evaluate.

4. Attach any other student information, letters of recommendation, or data which you feel may be useful to the committee in evaluating the suitability of the applicant for this scholarship.

Principal/Counselor Signature

Date

Mail completed application to ARRIVE NO LATER THAN MAY 15, 2026 to:

Sean Gagnon
Chairman, Scholarship Committee
Arlington-Fairfax Chapter, Inc.
Izaak Walton League of America
P.O. Box 366
Centreville, Virginia 20122-0366

Requests for further information from the committee chairman may be addressed to sean.gagnon@arlingtonfairfax-iwla.org