In honor of Beblon G. Parks, retired VEA UniServ Manager & Director of the Office of Field Support, Organizing and Minority Engagement.

(Beblon served as Director of the Chesapeake Bay Education Association’s Portsmouth/Suffolk Office and as Associate Director for the Education Association of Norfolk. She was also a classroom and resource teacher for the Hampton City Schools and served as President of the Hampton Education Association.)

The Beblon G. Parks Scholarship Fund will award one $500 scholarship to a high school senior who plans to pursue a career in Education.

**Scholarship Criteria:**

1. Dependents of a Virginia Education Association (VEA) member or VEA-Retired member are eligible to receive the scholarship if the parent/guardian is a current VEA member or VEA-Retired member and has been for at least three years. Please call 1-800-552-9554, if needed, to verify membership before submitting the application.

2. Minimum GPA of 3.0, verified by a high school counselor. The official high school transcript should be submitted with the application.

3. Submission of an essay on: Why You Chose to Enter the Education Field and an explanation of your financial need. (No more than two (2) typed pages, Font: Times New Roman, Size: 12, Double-spaced, MLA Style)

4. Two (2) letters of recommendation, one from the student's current or past teacher and one from school personnel or a community leader who is familiar with the student.

5. Proof of acceptance to a college or university to which the scholarship award shall be applied. The scholarship shall only be applied toward educational expenses once the applicant has been accepted into the college or university. The letter of acceptance must accompany the application.

6. Applications will be reviewed by the Grant Committee of the Beblon G. Parks Scholarship Fund.

7. The recipient will be notified by mail and invited to attend, upon availability, a recognition program.

8. Mail or hand deliver the application and supporting documentation on or before the deadline of **May 28th**.
Beblon G. Parks Scholarship Application

Personal Data

Student’s Name

Last  
First  
Middle

Address

Number & Street  
City/State  
Zip code

Student’s Email  
Student ID# or Last four Digits of SS#

Parent’s/Guardian’s Name

Must be a current VEA member or VEA-Retired member for at least 3 years.

Parent’s/Guardian’s

Cell Phone  
Parent’s/Guardian’s Email

Parent’s/Guardian’s

VEA Local Association  
VEA Membership #

Spelled out  
Call 1-800-552-9554 to verify membership.

Academic Information

High School  
Class Rank  
GPA

Type of Diploma To Be Awarded

Honors/Awards and Extra-Curricular Activities

Beginning with the most recent, give a brief summary of honors/awards and extra-curricular activities. Be sure to include dates honors/awards were received or dates of participation. Attach a separate sheet, if necessary.

College Plans

Name of College/University you are planning to attend in the fall.  
College/University

Student ID#

Financial Aid Contact Name  
Financial Aid Phone Number

Financial Aid Address

Number & Street  
Room/Hall #  
City/State  
Zip code

Returning the Application

The deadline for returning the application and supporting criteria is on or before May 28.

Please make sure all scholarship criteria has been checked off before mailing your application and documentation.

☐ Application (page 1 & 2)  
☐ Parent/Guardian current VEA or VEA-Retired member for at least 3 years

☐ Official High School Transcript  
☐ Two Letters of Recommendation

☐ Essay  
☐ College/University Acceptance Letter

Beblon G. Parks Scholarship Fund
Virginia Education Association
116 South 3rd Street
Richmond, VA 23219

2021 BGP Scholarship Application
This page is to be completed by the High School Counselor.

Student’s Name ____________________________________________

Grade Point Average __________________________ Class Rank __________________

SAT Verbal Score __________________________ SAT Math Score _______________________

ACT Score __________________________ (whichever is applicable)

Comments:

________________________________________________________________________

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________________________________________________________________________

Counselor’s Name __________________________ Date __________________

High School _________________________________________________________

Address ______________________ Number & Street ____________________________
City/State __________________________ Zip code __________________________

Telephone ______________________ Email _________________________________

Counselor’s Signature _________________________________________________