

The Shenandoah Valley Black Heritage Project was established in 2013 to learn, share, and illuminate the rich African American history and culture of the Shenandoah Valley.

The Sharon Rosita Barber Scholarship was founded in the honor of the Shenandoah Valley Black Heritage Project founding member Sharon Rosita Barber. The Sharon Rosita Barber Scholarship is award to a deserving high school graduating senior intending to pursue a course of study at a two-year or four-year educational institution. This one-time scholarship of \$1,700.00 is funded to increase educational opportunities for one African American student.

Eligibility for applicants

- Applicant must be a resident of the Shenandoah Valley.
- Applicant must attend a public, private or at-home institution or educational program.
- Applicant must be a high school senior.
- Applicant must have at least a 2.0 grade point average.
- Applicant must demonstrate community involvement and good academic standing.
- Applicants must not be related to any member of SVBHP Board of Directors or Advisory Board or staff, for this presents a conflict of interest.

How to apply

1. Download the application and print a hard copy to write on.
2. Complete all portions. Limit short answer questions to 150 words
3. Include two letters of recommendation from a teacher, coach, and/or mentor.
4. Include a copy of your high school transcript.
5. Email or fax a copy of the completed application to admin@valleyblackheritage.org or mail in the application by the deadline of **April 15**. Applications postmarked after this date will not be considered.
6. Scholarship applicants will be notified by **May 15**.

APPLICANT INFORMATION			
First Name:		Last Name:	
Preferred Name:		Age:	Date of Birth:
Home Address:			
City:		State:	Zip:
Email:		Phone:	
School:		Year:	
Graduation Date:		GPA:	
Country of Birth:		Race/Ethnicity:	
SAT Score (if applicable):		ACT Score (if applicable):	
I will be attending the following in the Spring 2025/Fall 2025:			
Area(s) of specific academic interest:			
Gross Family Annual Income:			

PARENTS(S) OR LEGAL GUARDIAN(S) Please complete if you are under 18.		
Name(s):		
Address:		
City:	State:	Zip:
Email:	Phone:	

INVOLVEMENT

List academic achievements, hobbies, outside interests, extracurricular activities, and volunteer activities.

SHORT ANSWER

How has a being part of church, school, or community organization challenged a personal belief or idea?

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SHORT ANSWER

Describe something you are passionate about.

SHORT ANSWER

Explain how your view on education has changed over your academic career?

SHORT ANSWER

How will this scholarship help you reach your goals?

SIGNATURE

The information contained in this application is correct to the best of my knowledge and all questions were answered honestly.

Signature:

Date:

Letter of Recommendation

Signature: _____

Contact: _____

Letter of Recommendation

Signature: _____

Contact: _____