

# Varflex Scholarship Program 2024



## VARFLEX EDUCATIONAL FOUNDATION II SCHOLARSHIP GUIDELINES & CRITERIA

Varflex Corporation is committed to supporting education and recognizes the life-changing impact it can provide. We are pleased to offer the Varflex Educational Foundation II Scholarship to those who aspire to make a positive impact through their learning. This scholarship is awarded to individuals who exhibit exceptional academic performance and/or financial need.

To be eligible for this scholarship, applicants must complete all application procedures and submit all required materials by **April 1, 2024** and meet **ONE** of the following criteria in pursuit of an associate's or bachelor's degree:

Graduating in 2024 from one of the following schools at the end of this academic year:  
Adirondack, Camden, New York State School for the Deaf (Rome), Oriskany, Rome Free Academy, VVS, Westmoreland

OR

A past recipient who has received this scholarship as a high school student, with intention of continuing as a student at an accredited post-secondary institution

OR

The child or legally adopted child or grandchild of a current/retired Varflex Corporation Employee

**APPLICATION DEADLINE IS APRIL 1, 2024**

 Applications available with school guidance counselors, Varflex Human Resource Office, or online at [www.varflex.com](http://www.varflex.com)

**APPLY NOW**

VARFLEX OFFICE: 512 W COURT STREET, ROME, NY 13440

# VARFLEX EDUCATIONAL FOUNDATION II SCHOLARSHIP PROCEDURES

Please carefully read through the required guidelines, criteria and application procedures to be considered for this program.

## REQUIRED DOCUMENTS:

- **A copy of 2024-2025 electronic Student Aid Index. (Report generated at the conclusion of FAFSA process.)**  
**A copy of the declination and/or award of BOTH Pell and TAP grants generated at the conclusion of FAFSA process.**

*\*\*The Varflex Educational Foundation II Scholarship Committee will not consider any application that fails to include with it a copy of the SAR/EFC Page and declination and/or awards to TAP and Pell. \*\**

## DOCUMENTS CHECKLIST:

- **Completed Application Form (VEF-10)**
- **SAR Document showing Expected Family Contribution (EFC)**
- **Pell Grant (Upload grant declination or award)**
- **TAP (Upload grant declination or award)**

Once the application is submitted with the required documents, please notify your guidance counselor to fill out their required form.

Applicants who submit the application online must forward the confirmation email to their appointed guidance counselor. The email contains a link to the form the guidance counselor needs to fill out to be considered for review. All applicants are responsible for ensuring their guidance counselor fills out the form.

Your application will be reviewed by the Scholarship Committee once all of the above material is received.

For questions please contact Dyann, (315) 795-2904 or [nashton@griffincf.org](mailto:nashton@griffincf.org)



# Varflex Educational Foundation II Scholarship Application Form VEF-010

First Name

Middle Initial

Last Name

Street Address/ PO Box

City

State

Zip Code

Phone

Email

Parent/Guardian Name

Parent/Guardian Phone

Parent/Guardian Email

Are you the child or grandchild of a current or retired Varflex employee?

YES

NO

If yes, state name and relation to the employee/retiree: \_\_\_\_\_

How many family members live in your household: \_\_\_\_\_

How many members in your household are currently attending college: \_\_\_\_\_

What university/college do you plan on attending: \_\_\_\_\_

What is the projected 2024-2025 university/college tuition: \_\_\_\_\_

(Found on college website, do not include fees)

What is the 2024-2025 projected room and board cost, if applicable: \_\_\_\_\_

Will you be commuting from home to campus?  YES  NO

*\*\* Note: The Scholarship Committee reserves the right to review and/or adjust scholarship awards based on student's confirmation of attendance if the actual costs of tuition, room and board are significantly different from the information provided in the application. The Scholarship Committee of The Varflex Educational Foundation II will make the final selection of recipients and notify candidates of their decision in May. \*\**

## Certification:

I, \_\_\_\_\_, certify that the information provided herein, and on the accompanying documents are true and correct to the best of my knowledge. If requested by the Scholarship Selection Committee, I agree to give proof of the information I have provided. I realize that this proof may include a copy of my most recent Federal and NYS income tax returns and/or that of my parents/guardians.

I, \_\_\_\_\_, am applying for a scholarship from The Varflex Educational Foundation II Scholarship Program. I hereby request and authorize the appropriate school official to certify my attendance and current academic standing at \_\_\_\_\_ and provide the Scholarship Committee with information as requested below.

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_  
(if applicant is under 18)

Date: \_\_\_\_\_

# VARFLEX EDUCATIONAL FOUNDATION II SCHOLARSHIP

\*\* NOTE: PLEASE ATTACH A COPY OF THE APPLICANT'S MOST RECENT ACADEMIC TRANSCRIPT.

Applicants Name			
High School			
Rank in Class		Class Size	
If you are aware of any extenuating circumstances that the committee should consider, please describe:			

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School Official's Signature

Date

For questions, please contact Dyann, (315) 795-2904 or  
nashton@griffincf.org

Varflex Office: 512 W Court St, Rome, NY 13340

