

# DARE COUNTY FARM BUREAU INSURANCE

## SCHOLARSHIP CRITERIA

Established by the Dare County Farm Bureau Insurance Company

1. Applicants must plan to pursue a degree or certification at a four year institution, community college or technical institution.
2. Applicants must currently be a graduating senior from a Dare County School.
3. Applicants may be called for a personal interview.
4. Applicants should include at least two recommendations from individuals who can attest to the applicant's ability, dedication, and involvement.
5. Preference will be given to students who intend to return to Dare County to pursue their career.
6. This scholarship is **not renewable**.

Please attach a one page, single spaced, typed cover letter and respond to the following:

1. Your motivation for your chosen career
2. Why you have applied for this specific scholarship
3. An event or experience which had a significant impact on you and why
4. Any special circumstance you would like the committee to consider (**optional**)

**SCHOLARSHIP APPLICATION FORM**  
(Attach additional pages to this application as needed)

APPLICANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

STUDENT LIVES WITH: \_\_\_\_\_

FATHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

FATHER'S EDUCATION: \_\_\_\_\_

FATHER'S EMPLOYMENT WITH ADDRESS & TELEPHONE #: \_\_\_\_\_

MOTHER/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM APPLICANT): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

MOTHER'S EDUCATION: \_\_\_\_\_

MOTHER'S EMPLOYMENT WITH ADDRESS & TELEPHONE #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SCHOLARSHIP APPLICATION FORM

LIST YOUR INVOLVEMENT IN COMMUNITY ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all school organizations and activities you have participated in and any honors, including athletics, you have received during your high school years:: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name (s) of high school (s)/college(s) attended: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of students in graduating class: \_\_\_\_\_

Class rank through first semester of senior year: \_\_\_\_\_

Cumulative GPA through first semester of senior year: \_\_\_\_\_

Best SAT scores Verbal: \_\_\_\_\_ Math: \_\_\_\_\_ Total: \_\_\_\_\_

College students:

GPA for last completed semester or quarter: \_\_\_\_\_

Colleges to which you have applied (in order of preference):

_____	State: _____	Accepted? _____
_____	State: _____	Accepted? _____
_____	State: _____	Accepted? _____

In college, you will pursue a:

Two year degree \_\_\_\_\_

Four year degree \_\_\_\_\_

Your anticipated major: \_\_\_\_\_

*The information given on this form is true and accurate to the best of my knowledge.*

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**SCHOLARSHIP APPLICATION  
STATEMENT OF FINANCIAL NEED**

Applicant's Name: \_\_\_\_\_

Father/Guardian's Gross Annual Income for the last tax year: \_\_\_\_\_

Mother/Guardian's Gross Annual Income for the last tax year: \_\_\_\_\_

Total: \_\_\_\_\_

Names and ages of other children in family: \_\_\_\_\_  
\_\_\_\_\_

Number of people dependent on this income: \_\_\_\_\_

Number of dependents (excluding applicant) enrolled in higher education for the upcoming academic year: \_\_\_\_\_

Please explain any special financial conditions, such as medical costs, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List student scholarships, loans, etc. (any amounts), already awarded the applicant for the upcoming academic year and indicate if any are pending: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUMMARY FOR THE NEXT ACADEMIC YEAR**

Estimated cost of my education  
for the next academic year:

Estimated financial support of my education  
for the next academic year:

Tuition: \_\_\_\_\_  
Housing & Meals: \_\_\_\_\_  
Books & Fees: \_\_\_\_\_  
Clothing & Transportation: \_\_\_\_\_  
Personal Expenses: \_\_\_\_\_  
Other Expenses: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

Funds supplied by  
Parents/Guardian: \_\_\_\_\_  
Student's savings/earnings, including  
anticipated summer earnings: \_\_\_\_\_  
Other scholars, grants, etc.: \_\_\_\_\_  
Other sources: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

Difference between total estimated costs and total estimated available funds: \_\_\_\_\_

*The information given on this form is, to the best of my knowledge, a true and accurate reflection of my financial situation.*

Applicant's signature: \_\_\_\_\_

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

Parent/Guardian's signature: \_\_\_\_\_

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

## SCHOLARSHIP APPLICATION RECOMMENDATION FORM

Applicant's Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

How long have you known applicant? \_\_\_\_\_

In what capacity have you known applicant?  
\_\_\_\_\_

Please describe the applicant in terms of personal traits and accomplishment, (character, citizenship, leadership, social maturity, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any unusual circumstances, special background information which would be helpful to the scholarship committee:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Below Avg.	Average	Above Avg.	Outstanding
Academic performance	1	2	3	4
Leadership potential	1	2	3	4
School contribution	1	2	3	4
Community contribution	1	2	3	4
Athletic ability	1	2	3	4
Concern for others	1	2	3	4
Dependability	1	2	3	4
Overall	1	2	3	4

*The information on this form is confidential and should be returned to the student in a sealed envelope or sent to the appropriate scholarship committee, as identified by the student.*