

Dare County NC Retired School Personnel Scholarship

This scholarship will be awarded to a student(s) who plan to major in education with the goal to teach after college graduation. Applicant will need to complete an application, financial need statement, and two recommendations. There will be a required interview after application has been received.

The recipient(s) of this scholarship will be awarded this scholarship during the second semester of his/her freshmen year in college upon receipt of enrollment information from the college/university.

Dare Co. NC Retired School Personnel
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 #:

**Dare Co. NC Retired School Personnel
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 Weighted GPA through first semester of senior year:

Best SAT scores Critical Reading: Math: Total:

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:

College students:

GPA for last completed semester or quarter: _____

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

**Dare Co. NC Retired School Personnel
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:

Recommendation Form

Name of Scholarship: _____

Name of Applicant: _____

Recommender Name: _____

How long have you known applicant?

In what capacity have you known applicant? _____

***You may answer the following questions or attach a recommendation letter.
Rating Form must be completed.***

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	3	5	7
Leadership potential	1	3	5	7
School contribution	1	3	5	7
Community contribution	1	3	5	7
Athletic ability	1	3	5	7
Concern for others	1	3	5	7
Dependability	1	3	5	7
Overall	1	3	5	7

The information on this form is confidential and should be returned to the student in a sealed envelope by 3PM March 15th.

Recommendation Form

Name of Scholarship: _____

Name of Applicant: _____

Recommender Name: _____

How long have you known applicant? _____

In what capacity have you known applicant? _____

***You may answer the following questions or attach a recommendation letter.
Rating Form must be completed.***

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	3	5	7
Leadership potential	1	3	5	7
School contribution	1	3	5	7
Community contribution	1	3	5	7
Athletic ability	1	3	5	7
Concern for others	1	3	5	7
Dependability	1	3	5	7
Overall	1	3	5	7

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