

Due 4/15

GPA INFORMATION (OPTIONAL)

Cumulative Unweighted Grade point Average:

/4.0 Scale

APPLICATION CHECKLIST

Student is responsible for submitting all materials on time. Incomplete applications will not be evaluated.

CERTIFICATION

I certify that I am a Senior at Cape Hatteras High School, that I meet the eligibility requirements of the Kinnakeet Scholarship (see attached) and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to provide proof of information I have given on this application. Falsification of information may result in termination of any scholarship granted.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

KINNAKEET SCHOLARSHIP

As long as there are funds, qualifying seniors graduating from Cape Hatteras High School shall receive a \$500.00 scholarship on the following conditions:

1. the student must be a resident of Avon, NC for at least six months prior to the date of applying for the scholarship
2. applications must be received by May 1 prior to the date of graduation
3. the student must be accepted into a full time post high school program of study leading to a minimum of an Associate Degree, or the equivalent technical or trade school training
4. prior to December 31 of the year of graduation the student shall provide written documentation from the education institution of acceptance and enrollment into a degree program at a recognized post high school institution
5. upon receipt of the required documentation of acceptance and enrollment and completion of the first semester of post high school education, or completion of a program which lasts less than one year, a check in the name of the institution for the awarded amount, shall be mailed directly to the educational institution to be applied to the student's account, thus insuring no misuse of funds

KINNAKEET SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Name _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ E-mail _____

Date of Birth _____

High School Graduation Date _____

POST GRADUATION PLANS

Please specify your educational plans following graduation from high school:

ACTIVITIES, COMMUNITY SERVICE, AWARDS AND HONORS

List the most important school and/or community activities in which you have participated during the last 2 years (e.g. student government, music, sports, 4-H, Rotary, hospital volunteer, academic awards, etc.) or attach a resume.