

FANNIN COUNTY FOUNDATION  
SCHOLARSHIP APPLICATION

- Instructions:
- 1-Complete this two page application.
  - 2-Attach a **copy of the letter of acceptance from the college** that you plan to attend and a **copy of any scholarship money to be received.**
  - 3-Attach a copy of your parents' or legal guardians' joint **income tax return** if living together or the tax return of the parent claiming the applicant as an exemption if the parents are not living together.
  - 4-**Paper clip** the above documents behind this application.
  - 5-Return all of the requested information to the FCHS Counseling Office by **Thursday, April 16.** If you discover you have earned any scholarships after submitting application, you must notify the counselor.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
           First           Middle           Last                            Month   Day   Year  
 Parent's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
                           First                            Last                            Area Code   Prefix   Number  
 Address: \_\_\_\_\_  
           P.O. Box   or   Street Address                            City           State           ZIP   Code

College Plan to Attend: \_\_\_\_\_ Intended Major: \_\_\_\_\_  
 (An attached copy of college acceptance letter is also needed. If you have extenuating circumstances, see a counselor.)

SCHOLASTIC RECOGNITIONS (Any honor or award received for academics, such as, English Award, Principal's List, Honor Roll, etc. Please indicate the year received and the number of semesters on the Honor Roll or Principal's List.

| <u>Award Received</u> | <u>Year Received</u> | <u>Number Semesters Received the Award</u> |
|-----------------------|----------------------|--|
|                       |                      |  |
|                       |                      |  |
|                       |                      |  |
|                       |                      |  |

**SCHOOL ACTIVITIES AND ORGANIZATIONS**  
 (Band, Sports, Clubs, etc. List the years and numbers of times participated.)

| <u>Organizations</u> | <u>Offices Held</u> | <u>Years Participated</u> |
|----------------------|---------------------|---------------------------|
|                      |                     |                           |
|                      |                     |                           |
|                      |                     |                           |
|                      |                     |                           |

**HONORS OR SPECIAL AWARDS RECEIVED IN ACTIVITIES AND ORGANIZATIONS**

| <u>Name of Honor or Award</u> | <u>Year Received</u> | <u>Number of Times Received</u> |
|-------------------------------|----------------------|---------------------------------|
|                               |                      |                                 |
|                               |                      |                                 |
|                               |                      |                                 |

CHURCH AND COMMUNITY ACTIVITIES (Indicate major offices and responsibilities)

| <u>Office or Activity</u> | <u>Year Participated</u> | <u>Responsibilities</u> |
|---------------------------|--------------------------|-------------------------|
|                           |                          |                         |
|                           |                          |                         |
|                           |                          |                         |
|                           |                          |                         |
|                           |                          |                         |

**ADDITIONAL HONORS AND RECOGNITIONS OR WORK EXPERIENCE-List employer, length of employment and number of hours or schedule typically worked.**

PLEASE CHECK THE AREA OF THE COUNTY WHERE YOU LIVE:

Epworth       Blue Ridge       McCaysville  
 Morganton       Mineral Bluff       Other ( List)\_\_\_\_\_

TO BE COMPLETED BY PARENTS(S) OR GUARDIANS(S)

Number of persons living in this household: \_\_\_\_\_  
Number in household:  Brothers  Sisters  Mother  Father  Other  
Number of other dependents in college: \_\_\_\_\_  
Annual Salary and Employer for Each of the Following:  
Parent/Guardian #1 \_\_\_\_\_ Employer \_\_\_\_\_  
Parent/Guardian # 2 \_\_\_\_\_ Employer \_\_\_\_\_  
Student \_\_\_\_\_ Employer \_\_\_\_\_  
Other Household income:\$ \_\_\_\_\_ By whom: \_\_\_\_\_

Does anyone in the household receive Social Security?  
 YES       NO.      If Yes, please list the yearly amount: \$ \_\_\_\_\_

**Please sign below:**

By giving my signature, I am agreeing that everything I have completed on this form and the information I have attached are correct to the best of my knowledge. I am also in agreement that my college acceptance letter may be posted on bulletin board on A hall.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT:**

**To be considered for a scholarship from the Fannin County High Scholarship Committee, please attach copies of Federal Income Tax forms for verification. You will not be considered unless these forms are attached! All information is kept confidential.**