Albert H. Bangert Student Scholarship/Loan Fund

2027 SCHOLARSHIP INFORMATION

Deadline April 5, 2027

Please return this application to:

Administrator, Albert H. Bangert Student Scholarship/Loan Fund
Craven County Board of Education 3600 Trent Road
New Bern, NC 28562

BASIC INFORMATION

The purpose of the Albert H. Bangert Scholarship Program is to award at least **eight (8) nonrenewable $4,000.00 scholarships** to high school seniors enrolled in the Craven County School System to assist them in furthering their education. Scholarships will go to students graduating from the Early Colleges, Havelock High School, New Bern High School, and West Craven High School. The scholarships are for freshman year only. The number of scholarships may vary from year to year pending available resources. Selection of the recipients is based on academic ability and financial need.

QUALIFICATIONS

a. Scholarships are restricted to high school seniors enrolled in the Craven County School System.
b. **Applicants must have a cumulative weighted grade point average of 3.0 or higher in high school.** (see #2 below) c. Applicants must have been formally accepted for full time enrollment at an in-state college or other accredited institution. (see #3 below) d. Recipients of the scholarship shall be "deserving and in need of pecuniary assistance." (see #4 below)

APPLICATION REQUIREMENTS

To be considered for this scholarship, the applicant must submit the following documents by April 5, 2027:

☐ **1. This application,** completed in full **(including the typed personal statement**) and signed by both applicant and parent/guardian. Also, include the information about other scholarships and/or grants for which you have applied.

☐ **2. A certified high school transcript**. (Can be obtained from the high school guidance office, presented in a sealed envelope). This transcript should be complete through the first semester of the senior year. The *weighted* GPA score will be used.

☐ **3. A copy of your official letter of acceptance** from the in -state college/university you plan to attend. Out of state and private colleges/universities do not qualify. This letter will be from the registrar's office, and be signed and dated by a college official.

☐ **4. A copy or an original printout of your FAFSA Submission Summary** The *Free Application for Federal Student Aid* (FAFSA) is accessed online at **www.fafsa.ed.gov.** Your Parent or Legal Guardian should complete and submit the FAFSA to the Department of Education as early in the new year as possible, or as soon as the parent/guardian files for income taxes. The U.S. Department of Education will respond with a FAFSA Submission Summary, which is then submitted with this application. **(Note: The Student's name and Student Aid Index (SAI) must be clearly legible on the submitted FAFSA Submission Summary).**

******All of the above documents should be submitted at one time, in one envelope, with your name and address clearly printed in the upper left-hand corner of the envelope**. Applications must be received in the Administrator's office by 5:00 PM, Monday, April 5, 2027. A non-biased panel composed of Board of Education members and others designated by the Board will make the final selections.* Scholarship recipients will be notified of the committee's decision. Scholarship awards will be mailed directly to the recipient's college/university on or about August 1. The remaining balance of the scholarship will be mailed to the college/university on or about December 1. Please remember to copy all documents for your own records before submitting them.

TERMS

1. Scholarships will be awarded for the freshman year only.
2. Scholarships will be disbursed directly to the recipient's college/university.
3. Students must be enrolled as a full-time student (at least 12 semester hours) both semesters of the freshman year.
4. In obtaining a scholarship from the Albert H. Bangert Scholarship Program, the recipient agrees to:
   a. Submit the student's social security number and assigned student number to the Administrator.
   b. Answer promptly all notices and letters relating to the scholarship program.
   c. Keep the administrator of the scholarship fund informed of his/her address and the address of the parents/guardians throughout the freshman year.
   d. Notify the administrator immediately upon withdrawal from college, or if you are not attending classes for 12 hours or more each semester of the freshman year. 5. Submit a transcript of grades at the end of the first college semester (must maintain a GPA of at least 2.0)

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Craven COUNTY SCHOOLS

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STUDENT INFORMATION

Full Legal Name	Last:	First:	Middle:	SSN:
Permanent Number/Street City State **Address**				Zip
Mailing Address (if different from above)				Zip
Home Phone Number ( )		**Date of Birth (Mo./Day/Yr.)** _ _/_ _/_ _ _ _	**Place of Birth**	**Country of Citizenship**
High School (circle one) CEC ECE HHS NBHS WCHS		**School Counselor**	**High School Completion Date (circle one)** December 2026 May 2027	
College/University attending 2027-2028.		**Proposed Major Area(s) of Study**	**College/University Web Site Address**	

EXTRACURRICULAR ACTIVITIES IN HIGH SCHOOL (Attach additional sheet if necessary)

Mo./Yr. to	Mo./Yr.	Description of Activity/Honor

Include school and community activities and honors. Please indicate the school year(s) in which you participated in each activity.

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WORK EXPERIENCE (Attach additional sheet if necessary)

Mo./Yr. to	Mo./Yr.	Description of Activity/Responsibilities

Include present and previous employment.

SCHOLARSHIP/GRANT INFORMATION (Attach additional sheet if necessary)

Name of Scholarship/Grant	Terms of Scholarship (1 yr – 4 yr)	Anticipated Amount for Freshman Year	Received (Indicate YES or NO, or give date of anticipated response)
Total Amount of Scholarships/Grants anticipated for Freshman Year			$

List all other scholarships and/or grants you have applied for:

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PERSONAL STATEMENT

Please attach a typed brief essay in which you discuss significant experiences, community involvement, and the qualities of character and leadership important to achieving your goals. Highlight those personal accomplishments, achievements, and experiences that have given you considerable satisfaction and have helped to form your character. Be sure to comment on your aspirations in terms of your educational and career goals. Finally, explain the difference receiving a scholarship would mean in your life, and any special circumstances that affect your family's ability to fund your college expenses.

Be sure to include your full name and address on the typed personal statement.

PARENT/GUARDIAN INFORMATION

FATHER'S INFORMATION		MOTHER'S INFORMATION	
Full Name		Full Name	
Address		Address	
Employed By		Employed By	
Occupation		Occupation	
Phone	Email	Phone	Email

If information about either parent is omitted above, please explain:

CERTIFICATION AND SIGNATURES

I HAVE READ AND UNDERSTAND THE ENCLOSED INFORMATION. I AFFIRM THAT THE INFORMATION WHICH I HAVE PROVIDED ON THIS APPLICATION FORM AND ANY ADDITIONAL MATERIAL THAT I SUBMIT RELATED TO THE FINANCIAL AID PROCESS IS COMPLETE, ACCURATE, AND TRUE TO THE BEST OF MY KNOWLEDGE. PURSUANT TO THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED (FERPA), I HEREBY AUTHORIZE THE CRAVEN COUNTY BOARD OF EDUCATION TO RELEASE THE SCHOLARSHIP APPLICATION INFORMATION PROVIDED BY ME, AS WELL AS OTHER OFFICIAL AND UNOFFICIAL CRAVEN COUNTY SCHOOLS INFORMATION REGARDING MY ACADEMIC PROGRESS AND STATUS, TO SCHOLARSHIP DONORS FOR THE PURPOSE OF PROVIDING THE DONORS WITH INFORMATION CONCERNING MY ELIGIBILITY AS A SCHOLARSHIP RECIPIENT. I ALSO UNDERSTAND THAT FURNISHING FALSE INFORMATION MAY RESULT IN REVOCATION OF THIS SCHOLARSHIP. I HAVE ENCLOSED ALL THE REQUIRED DOCUMENTS, AND IF AWARDED THIS SCHOLARSHIP, I AGREE TO ABIDE BY ALL THE REGULATIONS OUTLINED THEREOF.

I FURTHER UNDERSTAND THAT IF CHOSEN TO RECEIVE THIS SCHOLARSHIP I WILL BE REQUIRED TO SUBMIT MY SOCIAL SECURITY NUMBER AND MY ASSIGNED STUDENT NUMBER TO THE SCHOLARSHIP ADMINISTRATOR BEFORE THE SCHOLARSHIP FUNDS CAN BE RELEASED TO MY COLLEGE/UNIVERSITY.

Student Signature _____ **Printed Name** _____ **Date** _____

Parent Signature _____ **Printed Name** _____ **Date** _____

Parent Signature _____ **Printed Name** _____ **Date** _____