



Scholarship Application

Do you have questions?

Please email Alvin Parker at info@hometeamnc.org

1. DEADLINE for scholarship applications is Friday, June 26, 2015 at 5:00 p.m. (NO EXCEPTIONS)
2. Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or mail regarding the status of your application.
6. If you have any questions about the application, please call Alvin Parker, President of Home Team Foundation, Inc. (804) 647-5400 or by email at info@foundationhometeam.com.

PURPOSE Home Team Foundation, Inc. was founded in 2003. The mission of the scholarship is to provide financial assistance to individuals with a financial need enrolled for undergraduate study in colleges and universities.

FINANCIAL ASSISTANCE is based on financial need, academic performance and leadership potential. Scholarships are awarded provided funds are available.

SCHOLARSHIP AWARDS

Home Team Foundation, Inc. awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: financial need and academic accomplishments. Home Teams Foundation, Inc. pays scholarship funds directly to the recipient's school. Scholarships are awarded provided funds are available. Home Team Foundation, Inc. scholarships are awarded without regard to race, color, ethnicity, gender or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

CRITERIA

- Applicants must demonstrate a need for financial assistance.
- Applicants must demonstrate merit.
- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 2.5 on a 4.0 scale.
- Applicants must be accepted as a full time student at a college or university for the upcoming academic semester. If scholarship money is awarded, your college or university will receive the funds on behalf of the applicant.

SCHOLARSHIP AWARDS

- Award notification will be given by August 2014.
- Applicant must provide their student identification number, the correct mailing address of their college or university and the department where their scholarship check is to be received.

Deadline for the application is **June 26, 2015**. Applications postmarked after this date will not be considered.

Please mail OR submit application in person to:

**Home Team Foundation, Inc.
Scholarship Program**

Home Team Foundation, Inc.
Att: Alvin Parker
P.O. Box 1154
Elizabeth City, NC 27906

Application 2014-must be filled out by applicant.

Please type on a separate sheet or print your answers below. If application is illegible it will be returned to you.			
1	<table border="1"> <tr> <td>Last Name:</td> <td>First Name:</td> </tr> </table>	Last Name:	First Name:
Last Name:	First Name:		
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____		
3	Daytime Telephone Number: () _____ Email address: _____		
4	<table border="1"> <tr> <td>Current High School:</td> <td>Number of years attended HS:</td> </tr> </table>	Current High School:	Number of years attended HS:
Current High School:	Number of years attended HS:		
5	I will be attending the following school in the <u>Fall of 2014</u> : _____ Address/ Phone _____		
6	What year will you enter school? Freshman Sophomore Junior Senior		
7	Will you be a full time student? _____		
8	Will you be a commuting student? Will you live on campus? _____ If you are not living on campus, where will you be living? _____		
9	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent official school transcript required.		

11	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____				
12	List the name of any college you have attended.	Year Began	Year Ended	Year Graduated	Type of Degree Received
	A.				
	B.				
	C.				
13	What specialty/major do you plan to major in as you continue your education?				
14	List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) Make additional comments if needed.				
	A.	Tuition:	Amount: \$		
	B.	Books:	Amount: \$		
	C.	Room & Board:	Amount: \$		
	D.	Other expenses:	Amount: \$		
	E.	Other expenses:	Amount: \$	“	
15	List other financial assistance you will receive per semester or quarter:				
	A.	Personal:	Amount: \$		
	B.	Other Scholarship(s):	Amount: \$		
	C.	Grants:	Amount: \$		
	C.	Student Loan(s):	Amount: \$		
	D.	Other Financial Resources:	Amount: \$		

Please list the following information on a separate sheet if needed.

16	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
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19	NEED: Please explain your need for the Home Team Foundation, Inc. scholarship.
21	CAREER PLANS: What are your career plans and what would you like to be doing in 10 years?

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to Home Team Foundation, Inc. is true, correct and without forgery.

I hereby understand that if chosen as a scholarship winner, according to Home Team Foundation, Inc. scholarship policy, I must provide evidence of enrollment/registration at the college or university of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

Witness _____ Date: _____