

NCHSRA Scholarship Application

To be completed by NCHSRA Student

		Applicant In	formation			
Full Name:					Date:	
	Last	First		M.I.		
Address:						
	Street Address				Apartr	nent/Unit #
	City			State	ZIP C	ode
Phone:		E	mail			
						_
		School Inf	ormation			
Current Hig	h School:					
Address:			Num!	ber of years	attended?	1 2 3 4
Grade Point Average (4.0 scale) Attach your most recent official school transcript as required proof.						
Attach your most recent <i>official</i> school transcript as required proof.						
Testing Score ACT SAT Attach an official copy (school transcript) as required proof						s required proof.
What specialty/major do you plan to continue your education?						
vviiat speci	alty/major do you plan to com	inde your education	·			
College Attending in Fall 2018:						
J						
Address:				Phone:		
		Freshman	Sophome	ore	Junior	Senior
What "year"	will you enter College?					
What "cated	ory" will you be entered as?	Full Time Stu	Full Time Student Part Time		e Student	
what categ	jory will you be entered as?	Ц				
Will you be		′es No □ □	If "no", where?			
·						
NEED Please explain your need for the NCHSRA Scholarship.						

Additional Information Name & address(es) of Parent(s) or Legal Guardian(s). Full Name: Relation: First Last M.I. Address: Street Address Apartment/Unit # City State ZIP Code Phone: Email Full Name: Relation: Address: Street Address Apartment/Unit # City State ZIP Code Phone: Email **Qualifications** EXTRA CURRICULAR ACTIVITIES Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. AREA OF STUDY What do you want to study and why? ORGANIZATIONS Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.

RECOGNITIONS Please list important awards and recognitions received. Note date and organization presenting honor,							
GOALS What are the short and long term goals for your life?.							
FUTURE What are your career plans and what would you like to be doing in 10 years?.							
Background							
How many years have you been a member of NCSHRA (include NCJHSRA)?							
1 2 3 4 5 6 7							
Requirements Acknowlegement							
The following items must be submitted along with this application in order for the application to be "qualified" for a review of the Scholarship Committee. Incomplete and late applications will NOT be considered. If you can circle YES for all items, please submit your application to. NCHSRA Scholarship Committee, c/o Amy Ring, 2431 NC Hwy 801N, Mocksville, NC 27028.							
YES	NO	Two reference forms . Your references will mail these directly to the NCHSRA Scholarship Committee.					
YES	NO	Proof of college acceptance or current student enrollment. A letter of college or program acceptance is required for receipt of funds.					
YES	NO	Official High School/College Transcript. Photocopies are NOT acceptable.					
YES	NO	The above form is COMPLETE .					
Signature o Applicant:	f	Date:					