



# NCHSRA Scholarship Application

To be completed by NCHSRA Student

\*\*\* APPLICATION MUST BE TYPED\*\*\* DUE DATE IS MARCH 1, 2022!!! NO EXCEPTIONS!!!!!!

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## School Information

Current High School: \_\_\_\_\_

Address: \_\_\_\_\_ Number of years attended?  1  2  3  4

Grade Point Average (4.0 scale) \_\_\_\_\_ Attach your most recent, *sealed*, high school transcript as required proof.

Testing Score  ACT  SAT \_\_\_\_\_ \*\*\*If applicable\*\*\*

What specialty/major/trade do you plan to pursue? \_\_\_\_\_

College intended in Fall 2022: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What year will you enter College? Freshman  Sophomore  Junior  Senior

What category will you be entered as? Full Time Student  Part Time Student

Will you be living on campus? Yes  No  If "no", where? \_\_\_\_\_

## Additional Information

Name & address(es) of Parent(s) or Legal Guardian(s).

**Full Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

**Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**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.

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**AREA OF STUDY** What do you want to study and why?

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**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.

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**RECOGNITIONS** Please list important awards and recognitions received. Note date and organization presenting honors

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**GOALS** What are the short and long-term goals for your life?

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**Background**

How many years have you been a member of NCSHRA (include NCJHSRA)?

1      2      3      4      5      6      7  
                 

**Requirements Acknowledgement**

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 Andrea Galliher 196 Geneva Ln, Statesville, NC 28625**

<b>YES</b>	<b>NO</b>	<b>Three reference forms.</b> Your references will mail these directly to the NCHSRA Scholarship Committee. <b>SEE GUIDELINES</b>
<b>YES</b>	<b>NO</b>	<b>Proof of college acceptance or current student enrollment.</b> A letter of college or program acceptance is required for receipt of funds.
<b>YES</b>	<b>NO</b>	<b>Official High School/College Transcript.</b> Photocopies are NOT acceptable.
<b>YES</b>	<b>NO</b>	<b>Personal Essay (TOPIC OF CHOICE)</b>

\*\*\*\*\* \_\_\_\_\_ **FORM IS COMPLETE AND ALL REQUIRED INFO IS ATTACHED**\*\*\*\*\*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_