



**GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION
MEMORIAL SCHOLARSHIP (2019) APPLICATION**
Gaston Co. Adults and Currently-Enrolled College Students

Instructions: Please read and answer all questions with complete information. Applications should be submitted along with reference letters and academic transcripts.

APPLICANT PERSONAL INFORMATION

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip Code

Phone Number: _____ Email Address: _____

Date of Birth: _____

Please list the college or university that you are applying to attend in the Fall:

Institution Name: _____

City, State: _____

Have you been accepted by this institution at this time? YES or NO

Major of Study _____

Career Objective _____

Please explain why you are choosing to attend this college/university? _____

List all high schools and any post secondary schools (i.e., Gaston College) that you have attended as follows:

<i>Name of School</i>	<i>City/State</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPOUSE INFORMATION OR PARENT OR GUARDIAN IF YOU ARE A DEPENDENT

Spouse or Parent/Legal Guardian Name: _____		
Address: _____		
<i>Street</i>		
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Occupation: _____		

Parent/Legal Guardian Name: _____		
Address: _____		
<i>Street</i>		
_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>
Occupation: _____		

Do you have children YES or NO Dependents do you have brothers/sisters YES or NO If yes, how many are living at home? _____ How many currently in college? _____
 Where are they attending college? _____
Name of Institution

City, State

FINANCIAL INFORMATION

Do you own property? YES or NO Dependent does your parents own property?
 YES or NO

If yes, please list the approximate value of property:

Personal property value: _____ Business property value: _____

Approximate family income per year (Check one):

Below \$25,000 \$40,000 - \$60,000 \$80,000 - \$100,000

\$25,000 - \$40,000 \$60,000 - \$80,000 Above \$100,000

(Copy of previous year tax return)

APPLICANT'S FINANCIAL INFORMATION

Have you received any scholarships and/or grants to assist with your college expenses?

YES or NO

If yes, please provide the following information:

*Name of Scholarship/Grant**Amount Awarded*

How do you plan to finance the balance of your college expenses? (Check all that apply:)

- Educational loans
 Educational grants
 Other: _____
 Other: _____

Please list your estimated expenses for the Fall 2019 – Spring 2020 year:

Tuition: _____

Room/Board: _____

Other: _____

Please provide any additional financial information that will be useful to the scholarship committee in reviewing your application:

EXTRACURRICULAR ACTIVITIES

List all *activities* in the community, church, or school, which have been meaningful to you.

*Activity**Description**Dates*

List all *honors and special achievements* (community, school, church, etc.) you have received:

*Honor/Achievement**Description**Dates*

List all *offices or elected/appointed positions* in which you have served (community, church, school, etc.)

<i>Office/Position</i>	<i>Organization</i>	<i>Dates</i>
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Employment present and previous (employer and number hours worked per week)

<i>Employer</i>	<i>Location</i>	<i>Avg. Number Hrs. Worked Weekly</i>
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Hobbies and special interests:

PERSONAL LETTERS OF REFERENCE

Instructions: Please provide names and addresses of three individuals who will be submitting recommendations on your behalf:

1. _____
2. _____
3. _____

Applicants should request that reference letters be returned to them in a sealed envelope. Please ask the individual providing the referral to seal the envelope and place their signature over the seal. All three envelopes are to be submitted with your application packet.

TRANSCRIPTS

Attach all official academic transcripts from high school and post secondary schools attended.

*(Applicants should request that academic transcripts be returned to them in a sealed and signed envelope. Please ask the individual providing the transcript to seal the envelope and place their signature over the seal.)

Do you have an Extension and Community Association (ECA) member in your family?
YES or NO

If yes, give the following information:

Name of ECA Member _____

Name of ECA Club _____

Relationship to Applicant _____

I hereby certify that the information provided here is complete and accurate. I understand that falsifying or withholding information in completing this application constitutes grounds for immediate withdrawal of my application from further consideration.

Applicant's Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

INSTRUCTIONS TO SUBMIT APPLICATION

This application and all required documents must be *received or postmarked no later than Thursday, April 4, 2019*. Applications can be mailed, emailed, or dropped off as follows:

- MAIL: Mail to Lucile Tatum Extension Center, 959 Osceola St., Gastonia, NC 28054
- EMAIL: Email to Pam Bryson, ECA Liaison at pam.bryson@gastongov.com
- DROP OFF: Drop off at the Lucile Tatum Extension Center located at 959 Osceola St., Gastonia, NC 28054 between the hours of 8:30am – 11:30am and 1:00pm – 4:30pm Monday through Thursday. ***Please note the building is closed from 12-1PM and closed all day on Friday.***

CONTACT INFORMATION:

Pam Bryson
Gaston County ECA Liaison
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Email: pam.bryson@gastongov.com