



**GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION  
MEMORIAL SCHOLARSHIP (2020) 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: \_\_\_\_\_

*Street*

\_\_\_\_\_

*City**State**Zip Code*

Occupation: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

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

*Street*

\_\_\_\_\_

*City**State**Zip Code*

Occupation: \_\_\_\_\_

Do you have children YES  or NO  Dependents do you have brothers/sisters YES  orNO  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 2020 – Spring 2021 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>

Employment present and previous (employer and number hours worked per week)

<i>Employer</i>	<i>Location</i>	<i>Avg. Number Hrs. Worked Weekly</i>

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 2, 2020*. 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](mailto: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 Friday. ***Please note the building is closed from 12-1PM.***

### CONTACT INFORMATION:

Pam Bryson  
Gaston County ECA Liaison  
Phone: 704.865.3291  
Email: [pam.bryson@gastongov.com](mailto:pam.bryson@gastongov.com)