

**BLOWING ROCK COMMUNITY FOUNDATION, INC.  
BLOWING ROCK, NORTH CAROLINA  
SCHOLARSHIP APPLICATION**

TO: Blowing Rock Community Foundation, Inc. (Please Print in Ink or Type)  
P.O. Box 525  
Blowing Rock, North Carolina 28605  
ATTENTION: Scholarship Committee

PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or P.O. Box      City      State      Zip Code

Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year      City      State

E-Mail Address: \_\_\_\_\_

Part-time or Summer Work during the Last Two Years:

Employer: \_\_\_\_\_  
Name of Company      Address      Dates of Employment  
Capacity in which employed: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name of Supervisor      Telephone Number  
Name      Address      Dates of Employment  
Capacity in which employed: \_\_\_\_\_  
Name of Supervisor      Telephone Number

COLLEGE/UNIVERSITY INFORMATION

COLLEGE/UNIVERSITY

EXPENSES ANTICIPATED

Choice I: \_\_\_\_\_

Choice II: \_\_\_\_\_

Choice III: \_\_\_\_\_

HIGH SCHOOL INFORMATION

High School from which you will (or have) graduated:

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

Date of Graduation: \_\_\_\_\_  
Month Year

SCHOLASTIC ACHIEVEMENTS

Class Rank: \_\_\_\_\_ of \_\_\_\_\_

National Testing Scores: SAT and/or ACT

Date Taken: \_\_\_\_\_ Combined Scores: \_\_\_\_\_

Date Taken: \_\_\_\_\_ Combined Scores: \_\_\_\_\_

**(Combined SAT Scores: Verbal and Math Only)**

FOR COLLEGE STUDENTS ONLY: Current Grade Point Average: \_\_\_\_\_

Total Credit Hours Earned to Date: \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES

Please list principal high school or college activities (sports, publications, art, music, student government, clubs, etc.) in order of interest to you. Elected offices should have \*.

<u>Activities</u>	<u>Grade Level of Year Participated</u>	<u>Approximate Number of Hours Spent Per Week and Number of Weeks</u>	<u>Positions Held or Honors Won</u>
	9 10 11 12 College		

Volunteer Activities:

<u>Agency</u>	<u>Type of Work</u>	<u>Years Participated</u>	<u>Awards/Honors</u>

Hobbies: (What do you do in your spare time?)

\_\_\_\_\_

ELEMENTARY SCHOOL INFORMATION

Name of school(s) attended and dates of attendance: \_\_\_\_\_

FAMILY INFORMATION

Parent or Guardian's Full Name: \_\_\_\_\_

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

Parents Current Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Separated  
\_\_\_\_\_ Divorced \_\_\_\_\_ Widow

Number of Brothers/Sisters Presently Attending High School: \_\_\_\_\_

Number of Brothers/Sisters Presently Attending College: \_\_\_\_\_

Number of Brothers/Sisters Presently Living at Home: \_\_\_\_\_

INCOME AND EXPENSES

Briefly list the expenses you anticipate for the 2016-2017 academic year and the financial resources by which you expect to meet these needs:

Expenses

Resources

Tuition/Fees \_\_\_\_\_

Family Contribution \_\_\_\_\_  
(According to FASTA if applicable)

Rent, Utilities, Food \_\_\_\_\_

Student Contribution \_\_\_\_\_  
(According to FASTA if applicable)

Books \_\_\_\_\_

Scholarships (received or applied for) \_\_\_\_\_

Misc. (transportation, clothing,  
etc.) \_\_\_\_\_

Grants (received or applied for) \_\_\_\_\_

Total: \_\_\_\_\_

Total: \_\_\_\_\_

**EXPLANATIONS/SPECIAL CIRCUMSTANCES** (Use this space to explain any unusual expenses, educational and other debts, or special circumstances.)

REFERENCES

Please list the names of **five** persons (not related) from whom recommendations may be obtained: (These persons will be called by members of the Foundation before the scholarship interview so applicant needs to notify them that their names have been listed).

NAME	ADDRESS	TELEPHONE (HOME AND CELL)

ACCOMPANYING THIS APPLICATION SHOULD BE:

1. Transcript of grades (High school and college, if applicable)
2. Copies of all SAT and ACT scores
3. Copy of the applicant's completed Free Application for Federal Student Aid (FASTA)
4. A typed biographical statement of at least one page expressing your desires and ambitions, reasons for continuing your academic pursuits, your need for financial assistance, and anything else you wish the committee to know about you that would be helpful in the selection process.

AUTHORIZATION

I certify that to the best of my knowledge, the information contained in this application and its attachments are correct and complete. I agree that the Foundation has permission to verify it. **THE APPLICANT WILL NOTIFY THE FOUNDATION OF ANY CHANGE IN FINANCIAL STATUS AND/OR ADDRESS.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL APPLICATIONS MUST BE COMPLETE AND MAILED TO THE ADDRESS LISTED BELOW, PLACED IN THIS BOX BY 5:00 P.M. ON MARCH 3, 2017, OR BE POSTMARKED BY 5:00 P.M. ON FRIDAY, MARCH 3, 2017:**

**Blowing Rock Community Foundation, Inc.  
P.O. Box 525  
Blowing Rock, North Carolina 28605  
ATTENTION: Scholarship Committee**

**APPLICATIONS WILL NOT BE ACCEPTED AT ANY OTHER PLACE, AFTER THE MARCH 3, 2017 AT 5:00 P.M. DEADLINE, AND/OR WITHOUT ALL INFORMATION INCLUDED.**

**Questions regarding Blowing Rock Community Foundation Scholarships?**

**Contact: Susie Greene, Vice Chair, Blowing Rock Community Foundation  
E Mail: [greenesl@appstate.edu](mailto:greenesl@appstate.edu)  
Telephone: 828-295-3217**