

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

TO: Blowing Rock Community Foundation, Inc.
P.O. Box 525 (Please Print in Ink or Type)
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: _____

Name of Supervisor Telephone Number

Employer: _____
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)

Copies of all test scores must be included)

FOR COLLEGE STUDENTS ONLY: Current Grade Point Average: _____

Total Credit Hours Earned to Date: _____

EXTRACURRICULAR ACTIVITIES – *Please include a statement regarding your participation in these events.*

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/Community Activities: - *Please include a statement regarding your participation in these activities – especially in the Blowing Rock Community.*

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

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 2019-2020 academic year and the financial resources by which you expect to meet these needs:

Expenses

Resources

Tuition/Fees _____

Family Contribution _____
(According to FAFSA if applicable)

Rent, Utilities, Food _____

Student Contribution _____
(According to FAFSA if applicable)

Books _____

Scholarships (received or applied for) _____

Misc. (transportation, clothing,
etc.) _____

Grants (received or applied for) _____

Total: _____

Total: _____

EXPLANATION of Need - *Please include a statement to describe need and any circumstances creating this need.*

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). DO NOT LIST WATAUGA HIGH TELEPHONE NUMBERS.

NAME	RELATIONSHIP TO YOU	ADDRESS	TELEPHONE (HOME AND CELL NUMBER)

ACCOMPANYING THIS APPLICATION SHOULD BE:

1. Transcript of grades (High school and college, if applicable)
2. Copies of all SAT and ACT Scores
3. 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 8, 2019, OR BE POSTMARKED BY 5:00 P.M. ON FRIDAY, MARCH 8, 2019:
Blowing Rock Community Foundation, Inc.**

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

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**APPLICATIONS WILL NOT BE ACCEPTED AT ANY OTHER PLACE, AFTER
THE MARCH 8, 2019 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
Telephone: 828-295-3217**