



New Bern Breakfast Rotary Todd Denson Memorial Scholarship Endowment North Carolina Community Foundation Scholarship Application Package

This application may be used to apply for the New Bern Breakfast Rotary Todd Denson Memorial Scholarship. Completed applications and supporting documents should be submitted to New Bern Breakfast Rotary Club Attn: Scholarship Selection Committee PO Box 14625, New Bern, NC 28561. Applications must be received by April 15.

Required Items:

- ◆ NCCF Scholarship Application Form (follows)
- ◆ Essay (typed, 250-500 words) addressing the following prompt:
 - ◆ Discuss why you consider service to others important. What have you been responsible for during the past few years that demonstrate this commitment? Describe how you see yourself engaged in public service in the future. *Please put your name in the upper right corner of each page.*
- ◆ List of Extracurricular Activities
 - ◆ On a single separate page, please provide a typed list of your extracurricular activities (clubs, sports, fine arts groups, volunteer work, scouting, hobbies, jobs, internships, etc.), including the years you participated and the number of hours per week devoted to each. Also list awards or recognitions you have received. *Please put your name in the upper right corner of the page.*
- ◆ Current or Most Recent Transcript (in sealed envelope)
 - ◆ High School Seniors should submit a high school transcript with test scores (SAT, ACT, AP)
- ◆ Letters of Recommendation (2, in sealed envelopes)
 - ◆ One from a teacher
 - ◆ One from a teacher, guidance counselor, coach, pastor, supervisor, or other qualified individual
- ◆ NCCF Scholarship Financial Information Form (available on NCCF website)
- ◆ FAFSA Student Aid Report
 - ◆ Available by filing FAFSA at www.fafsa.ed.gov



North Carolina Community Foundation Scholarship Application Form

I am applying for the _____ Scholarship.

Name _____
Last First Middle Preferred Name

Mailing Address _____

Permanent Address (if different than above) _____

County of Residence _____ High School Name _____

Email _____ Home Telephone _____

Gender _____ Date of Birth _____

Weighted GPA: _____ Class Rank: _____ of _____ total students

SAT Scores: V _____ M _____ W _____ Combined _____ Intended Major: _____

School/College you plan to attend this fall: _____
(if undecided, please list where you have applied or been accepted)

Type of School: 2 year 4 year Graduate Other: _____

Year of study this fall: Freshman Sophomore Junior Senior Other: _____

Enrollment Status: Full Time (12+ hours) Part Time (6-11 hours) Other: _____

I certify that the information provided in this application packet is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of any scholarship granted. I understand that incomplete applications may not be considered. I certify that I have read the instructions and will comply with all requests for documentation of financial need and academic status. Should I receive a scholarship, I will notify the NCCF of any change of plans, and the NCCF may use my name and likeness in publicity materials relating to the Foundation.

I understand that NCCF scholarships may only be used towards the published cost of attendance at accredited US institutions of higher learning.

Student Signature

Date

Signature of Parent or Guardian (if applicant is under 18)

Date



**North Carolina Community Foundation
Scholarship Financial Information Form
(not required for all scholarships)**

FAMILY INFORMATION

Name of father/stepfather/guardian who assists with your expenses _____

Occupation _____ Employer _____

Name of mother/stepmother/guardian who assists with your expenses _____

Occupation _____ Employer _____

Check if Applicable () Father Deceased () Mother Deceased () Parents Separated () Parents Divorced

List names, ages, and college (if applicable) of siblings supported by the parent(s) who support you:

Name	Age	College/Class Year (if applicable)

FINANCIAL INFORMATION *

Use your Federal Income Tax Return (IRS Form 1040) to determine adjusted gross income figures.

Total number in household that head(s) of household will support in coming school year _____

Total number in household in a college degree/certificate program in coming school year _____

Head(s) of household's total adjusted gross income for prior tax year\$ _____

Head(s) of household's total cash assets (cash, checking, savings, and/or investments, *excluding* retirement accounts and primary home equity)\$ _____

Student's adjusted gross income for prior tax year (if *not* head of household)\$ _____

Student's total cash assets (if *not* head of household)\$ _____

If you wish, you may include a Supplementary Financial Statement explaining circumstances impacting financial need that are not apparent from the above financial information, for example, contributions expected/not expected from a non-custodial parent, educational expenses already incurred for older siblings, medical expenses, daycare, etc.

In addition to the information above, you must include a copy of your Student Aid Report (SAR), obtained by filing the Free Application for Federal Student Aid (FAFSA), before any potential funding is approved. **It is your responsibility to complete the FAFSA application (available online at www.fafsa.ed.gov) and to provide a copy of your SAR to us as documentation of financial need.** **If you cannot obtain an SAR before the due date for your scholarship, please consult the scholarship administrator for further instruction.**

I certify that the information provided above is complete and accurate to the best of my knowledge.

Signature of Head of Household

Date