

**North Carolina Cooperative Extension  
Secretaries Association**  
*SOUTH CENTRAL DISTRICT SCHOLARSHIP*  
**SCHOLARSHIP Application Form**



Date: \_\_\_\_\_

County: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Guidelines

1. This scholarship is offered to anyone planning a career as an office professional.
2. All applicants will be considered regardless of race, color, national origin, sex, age, or disability.
3. The applicant must be a resident of North Carolina.
4. The applicant's privacy will be protected.
5. Scholarship amount is \$200.00.

We certify that all information given on this application is true, correct, and complete to the best of our knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL PROFILE

1. High school or college you are now attending: \_\_\_\_\_

2. Extra-curricular activities in which you are involved: \_\_\_\_\_

\_\_\_\_\_

3. Honors awarded: \_\_\_\_\_

\_\_\_\_\_

4. Any brothers or sisters now in college or currently enrolling? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Name of college you plan to attend: \_\_\_\_\_

Have you submitted your application? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been accepted? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Field or secretarial area in which you plan to major (medical, legal, et cetera):

\_\_\_\_\_

7. Please write a brief summary on why you deserve this scholarship (attach additional page

if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SCHOLARSHIP APPLICATION FORM

1. Name of Applicant \_\_\_\_\_

2. Age: \_\_\_\_\_ 3. Social Security Number: \_\_\_\_\_  
Will be requested from student receiving scholarship

4. Phone Number: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. Name of Parents or Guardian --- Mother: \_\_\_\_\_

Father: \_\_\_\_\_

7. Occupation of Parents or Guardian --- Mother: \_\_\_\_\_

Father: \_\_\_\_\_

8. Please indicate your source and amount of funds for educational assistance (This section must be completed in order for application to be considered.):

A. Educational insurance: \_\_\_\_\_ Amount: \_\_\_\_\_

B. Funds supplied by parents, relatives and friends: \_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

C. Funds from savings: \_\_\_\_\_ Amount: \_\_\_\_\_

D. Funds from student's summer earnings: \_\_\_\_\_ Amount: \_\_\_\_\_

E. Funds from other sources (include other scholarships applied for): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Amount: \_\_\_\_\_

9. Attach two letters of reference (other than relatives) attesting to character and worthiness and intention of applicant to enter the secretarial profession.

10. Attach a copy of scholastic records prepared and signed by school authorities.