



GASTON COUNTY EXTENSION & COMMUNITY ASSOCIATION (ECA)
MEMORIAL SCHOLARSHIP 2020
Gaston Co. High School Senior - APPLICATION

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:

Name of School City/State Dates Attended

PARENT/GUARDIAN INFORMATION

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 brothers and/or sisters? YES or NO

If yes, how many are living at home? _____ How many currently in college? _____

Where are they attending college? _____
Name of Institution

City, State

FAMILY/GUARDIAN FINANCIAL INFORMATION

Do 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.

<i>Activity</i>	<i>Description</i>	<i>Dates</i>
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List all *honors and special achievements* (community, school, church, etc.) you have received:

<i>Honor/Achievement</i>	<i>Description</i>	<i>Dates</i>
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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: _____

*Reminder of items to return as part of application packet:

- Completed scholarship application
- Copy of previous year federal income tax return (Social Security numbers may be blacked out)
- 3 reference letters (in sealed, signed envelopes)
- Official transcripts (in sealed, signed envelopes)

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
- 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