



# Claude B. Hart Memorial Scholarship Application

**A. STUDENT INFORMATION** Out: \_\_\_\_\_ In: \_\_\_\_\_ **Deadline:** April 1

How did you hear of us? \_\_\_\_\_

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address: Number & Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Birthdate \_\_\_\_\_ Are You a US Citizen? \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

I Plan to Complete My College Education by: Month: \_\_\_\_\_ Year \_\_\_\_\_ Any Physical Limitations: \_\_\_\_\_

Name: Mother/Guardian/or \_\_\_\_\_ Name: Father/Guardian/or \_\_\_\_\_  
Nearest Living Relative Nearest Living Relative

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work No. \_\_\_\_\_ Employer \_\_\_\_\_ Work No. \_\_\_\_\_

In your Household (HH) # of Brothers and Sisters \_\_\_\_\_ Ages \_\_\_\_\_ # in College \_\_\_\_\_ Where & What Year \_\_\_\_\_

\_\_\_\_\_ Total # persons living in your HH (excluding you) \_\_\_\_\_

Your Spouse (if Applicable): Name \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Do You have Children? \_\_\_\_\_ Number \_\_\_\_\_ Ages \_\_\_\_\_

Applicant Work History (Beginning with most recent):

Employer	Dates	Duties
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Will you work: during the school year? \_\_\_\_\_ Where? \_\_\_\_\_ during the summer? \_\_\_\_\_ Where? \_\_\_\_\_

**B. EDUCATION/ACADEMICS** (please attach most recent official high school grade transcript (at least 1st sem, 12th) or academic yr-end college transcript)

Name of College you will attend or are attending \_\_\_\_\_ City \_\_\_\_\_

Your address at College: Street \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree you're seeking \_\_\_\_\_ Expected Hrs for: Fall Sem \_\_\_\_\_ Spring Sem \_\_\_\_\_

or Fall Qtr \_\_\_\_\_ Winter Qtr \_\_\_\_\_ Spring Qtr \_\_\_\_\_ or Summer school next year \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Circle one: Fr Soph Jr Sr or Other: \_\_\_\_\_ Degree Hrs Completed \_\_\_\_\_ Remaining Hrs \_\_\_\_\_

**For Committee Notes:**

**B. EDUCATION/ACADEMICS** (continued)

Name of HIGH SCHOOL \_\_\_\_\_ City \_\_\_\_\_

Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ SAT \_\_\_\_\_

Name of PREVIOUS COLLEGE (if applicable) \_\_\_\_\_ City \_\_\_\_\_

Degree Obtained \_\_\_\_\_ GPA \_\_\_\_\_ Major \_\_\_\_\_

**C. STUDENT ACTIVITIES**

Please attach a resume OR a list of activities in which you currently participate or have participated including positions held, dates of participation, estimated time spent on each activity and any special honors received.

**D. PERSONAL STATEMENTS** (in this space tell us: \_\_\_\_\_ (If necessary, you may attach additional sheets)

1) To what do you attribute your success as an individual? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) What do you plan on doing with your education after graduation from college? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) How could your chosen career make a positive contribution to your community and society? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Explain why you feel deserving of a scholarship? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. FINANCIAL AID & COST OF COLLEGE**

Have you completed the Free Application for Federal Student Aid (FAFSA)? \_\_\_\_\_ When? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Where will you live: off campus housing \_\_\_\_\_

Describe \_\_\_\_\_

On campus housing \_\_\_\_\_

Describe \_\_\_\_\_

List Your Expenses for the Academic Year

Tuition \$ \_\_\_\_\_

Fees \_\_\_\_\_

Room/Rent/Mortgage \_\_\_\_\_

Board/Food \_\_\_\_\_

Personal needs \_\_\_\_\_

Travel Expense \_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total \$ \_\_\_\_\_

**E. FINANCIAL AID/COST OF COLLEGE** (continued)

Please identify any scholarships for which you have applied (or received) and include total monetary value \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. FAMILY AND/OR STUDENT FINANCIALS**

(You will be advised should tax returns be required.)

Dependent Student: your parent(s), guardian(s), family's last year's adjusted gross income \$ \_\_\_\_\_

Dependent/Independent Student: your last year's adjusted gross income \$ \_\_\_\_\_

For either status above: Total Number of Family Members \_\_\_\_\_ Total Number Dependents (excluding you) \_\_\_\_\_

Describe your financial need \_\_\_\_\_  
\_\_\_\_\_

Describe your efforts to pay for your college education \_\_\_\_\_  
\_\_\_\_\_

**G. RECOMMENDATIONS**

Please submit two recommendations for this scholarship. They may be typed by teachers, guidance counselors, coaches, principals, employers, clergy or by other community leaders who have supervised, counseled or coached you in some capacity.

Your name and the scholarship's name must be included on the recommendation. The recommender should include his/her typed name, signed name and title at the end of the recommendation. The recommendation should come back to you in a sealed envelope to be submitted along with your application.

The recommenders should address the following: 1) how long they have known you and in what capacity 2) based on the capacity in which they know you, what is their assessment of your character 3) what do they consider to be your talents and strengths 4) what do they consider to be your developmental needs 5) why they believe you will be successful in college and 6) why they think you deserve this scholarship.

**It is your responsibility to communicate the above requirements to those who will complete your recommendations and to make sure the recommendations are included with your application at time of submittal.**

**H. CERTIFICATION AND SIGNATURE**

I hereby certify that the information included in this application is authentic and complete to the best of my knowledge. I understand and will abide by the requirements of this scholarship for which I am applying. I will keep The Winston-Salem Foundation aware of my educational and residential status. I will make myself available to attend/participate in scholarship functions from time to time.

I authorize my school Registrar's staff to discuss my enrollment history and my grades with the selection committee and The Winston-Salem Foundation if necessary.

**CHECK ONE:** I HAVE BEEN DULY ACCEPTED ON AT LEAST: A \_\_\_\_\_ HALF- TIME BASIS (6 Sem Hrs. Minimum) or  
A \_\_\_\_\_ FULL-TIME BASIS (!2 Sem Hrs. Minimum)

**If at any time I no longer meet the requirements of my scholarship, I understand that future benefits will be in jeopardy or disallowed as determined by the scholarship selection committee.**

DATE \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

(Please provide a legible signature)

# Guidelines

## **Purpose:**

The Claude B. Hart Memorial Scholarship Fund will be awarded to worthy graduating high school seniors from Elkin High School who are bona fide US citizens. The scholarship will provide four (4) consecutive years of financial assistance at an accredited four-year college or university to one recipient selected each year. Scholarships are to be applied to the cost of undergraduate tuition, fees, room and board.

## **Criteria:**

This fund seeks to identify students who demonstrate significant promise in academics, leadership, community service and school service. In addition, it seeks to identify those students who intend to major in mathematics, accounting, computer science, business administration or mechanical, civil or chemical engineering in college. Demonstration of financial need is preferred, but not restricted to lowest family incomes.

## **Renewal:**

Renewal of the award after the first year will require that the student: be a full-time undergraduate student at an accredited four-year institution, maintain a minimum cumulative grade point average of 2.5, and continue to major in areas listed in criteria.

Year-end official grade transcripts should be forwarded to The Winston-Salem Foundation by July 1 each summer. Recipients should request grade transcripts for themselves from their school's Registrar to forward to the Student Aid Department at The Winston-Salem Foundation. Please write the name of this scholarship on the grade transcript.

## **Application Process:**

Scholarship applications will be available in the guidance office at Elkin High School and also online at [www.wsfoundation.org](http://www.wsfoundation.org) under Student Aid/List of Scholarships and Grants/Counties Contiguous to Forsyth. Students must complete the application, provide transcripts, recommendations, and financial information for review by the Elkin High School Scholarship Committee. Please return the completed application and all supplemental materials to the guidance office by the deadline date.

The high school committee will select up to 5 candidates for consideration by the Elkin Advisory Committee or its appointed sub-committee. The Elkin Advisory Committee or its subcommittee will select the scholarship recipient and will provide the recipient's name, address, telephone number, social security number and college of choice to the Student Aid Director at The Winston-Salem Foundation.

## **Distribution of Funds:**

Upon receipt of the recipient's name, address, college of choice, social security number, and telephone number from the selection committee, The Winston-Salem Foundation will issue scholarship checks jointly payable to the student and college. The checks will be mailed to the student's home address and the student will present the check to the college Cashier's office. Check processing requires approximately two weeks. The size and number of awards each year will depend on available income. Initially, the fund will provide \$1000 yearly over four years.

Questions regarding scholarship renewal may be directed to The Winston-Salem Foundation's Student Aid Department at (336) 714-3445.

Renewals: Please mail year-end grade transcripts by July 1 each year to: The Winston-Salem Foundation  
Student Aid Department  
860 West Fifth Street  
Winston-Salem, NC 27101