



NCCBSBM

NC Caucus of Black School Board Members

Scholarship Application Form (continued)

List at least two individuals (School/Guidance Counselor, College Instructors, Employers, Community Leaders, etc.) who have provided letters of recommendation (which are to be included with this application).

1 _____
Name/Title Phone Number Address Email

2 _____
Name/Title Phone Number Address Email

Enclose an Official Certified Copy of High School transcript or verification of enrollment from a College or University.

Write a brief biographical sketch, including a list of personal goals and a statement summarizing why you need the NCCBSBM Scholarship to facilitate a college education (200 words or less).

List awards (local, state or national), scholastic involvement, extra curriculum activities, community involvement, and any offices that you have held; (summarize your achievement(s) within the organization).

List your place of work, duties, month(s), years worked and include any volunteer experiences with total volunteer hours served (attach sheet if necessary).

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in disqualification. I authorize investigation of all statements contained within this application for the **NCCBSBM** Scholarship as may be necessary.

I understand that if I am selected I am invited to attend the NC Black Caucus of Black School Board Members Fall Retreat & Issues Forum held in Raleigh during the month of October.

I further understand that upon confirmation of enrollment and attendance at a two or four-year College, the scholarship funds will be released to me.

I understand that only applications selected for interviews will be notified.

Signature of Applicant

Date

Signature of Parents/Guardian

Date

Please attach High School Transcripts, Verification of Enrollment Form, Biographical Sketch, and 2 Reference Letters Due to NCCBSBM by February 1, 2019. To be announced at Awards Day of High School Recipient/s The Recipient/s will be awarded at OUR Fall conference. To: Mildred A. Council, Scholarship Chairperson
councilwomancouncil@gmail.com

252-757-1037 (H)

Documents are allowed to be scanned/ all correspondence will need to be typed



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Scholarship Application Form -Established 2014

Name: (Last Name, First Name, Middle Initial)

Street Address, City, and County

Cell Phone Number

Home Phone Number

Date of Birth (MM/DD/YY) and Place of Birth

Email Address

Parents or Guardian's Name and Address

Parent's or Guardian's Cell Phone Number and Home Phone Number

Total Number in Family: ____ Total Number of Dependents ____ Are you a U.S. Citizen? ____ (Yes/No)

Name, Address, Phone Number of High School

School Counselor Email Address

Are you a senior in High School? ____ (Yes/No)

Class Rank/ GPA ____

Name, Address, Phone Number of College/University

School Email Address

Number of Years attending College/University
(2 Years/ 4 Years)

Area of Study:
(Major/Minor)

Current GPA
(if enrolled)

Marital Status: _____

Gender (Male/Female): _____

How did you find out about this Scholarship? ____Friend ____NCCBSBM Website ____Other