

FANNIN COUNTY FOUNDATION
SCHOLARSHIP APPLICATION

- Instructions: 1-Complete this two page application.
 2-Attach a copy of the letter of acceptance from the college that you plan to attend and a copy of any scholarship money to be received.
 3-Attach a copy of your parents' or legal guardians' most recent joint income tax return if living together or the tax return of the parent claiming the applicant as an exemption if the parents are not living together. For extenuating circumstances, see your counselor.
 4-**Paper clip** the above documents behind this application.
 5-Return all of the requested information to the F.C.H.S. Counseling Office by **Tuesday, April 16.** If you discover you have earned any scholarships after submitting application, you must notify counselor.

Name: _____ Birthdate: _____ Age: _____
First Middle Last Month Day Year
 Parent's Name: _____ Telephone #: _____
First Last Area Code Prefix Number
 Address: _____
P.O. Box or Street Address City State ZIP Code

College Plan to Attend: _____ Intended Major: _____
 (An attached copy of college acceptance letter is also needed. If you have extenuating circumstances, see a counselor.)

SCHOLASTIC RECOGNITIONS (Any honor or award received for academics earned in high school, such as, English Award, Principal's List, Honor Roll, National Honor Society etc. Please indicate the year received and the number of semesters on the Honor Roll or Principal's List.

<u>Award Received</u>	<u>Year Received</u>	<u>Number Semesters Received the Award</u>

SCHOOL ACTIVITIES AND ORGANIZATIONS
 (Band, Sports, Clubs, etc. List the years and numbers of times participated.)

<u>Organizations</u>	<u>Offices Held</u>	<u>Years Participated</u>

HONORS OR SPECIAL AWARDS RECEIVED IN ACTIVITIES AND ORGANIZATIONS

<u>Name of Honor or Award</u>	<u>Year Received</u>	<u>Number of Times Received</u>

CHURCH AND COMMUNITY ACTIVITIES (Indicate major offices and responsibilities)

<u>Office or Activity</u>	<u>Year Participated</u>	<u>Responsibilities</u>

ADDITIONAL HONORS AND RECOGNITIONS OR WORK EXPERIENCE-List employer, length of employment and number of hours or schedule typically worked.

PLEASE CHECK THE AREA OF THE COUNTY WHERE YOU LIVE:

Epworth Blue Ridge McCaysville
 Morganton Mineral Bluff Other (List) _____

TO BE COMPLETED BY PARENTS(S) OR GUARDIANS(S)

Number of persons living in this household: _____
Number in household: Brothers Sisters Mother Father Other
Number of other dependents in college: _____
Annual Salary and Employer for Each of the Following:
Parent/Guardian #1 _____ Employer _____
Parent/Guardian # 2 _____ Employer _____
Student _____ Employer _____
Other Household income:\$ _____ By whom: _____

Does anyone in the household receive Social Security?

YES NO. If Yes, please list the yearly amount: \$ _____

Please sign below:

By giving my signature, I am agreeing that everything I have completed on this form and the information I have attached are correct to the best of my knowledge..

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

IMPORTANT: To be considered for a scholarship from the Fannin County High Scholarship Committee, please attach copies of Federal Income Tax forms for verification. You will not be considered unless these forms are attached! All information is kept confidential.