



# St. Andrew's Society of North Carolina

## Scholarship / Grant Application

Please type or use black ink when completing this form

Enclose a recent wallet size picture of yourself here (Head and Shoulders)

Reply to:  
Scholarship Chairman, Scholarship & Grants Committee  
St. Andrew's Society of NC  
PO Box 83  
Goldston, NC 27252

APPLICATION FOR ACADEMIC YEAR 20 \_\_\_\_ to 20 \_\_\_\_

How were you informed of these scholarships? \_\_\_\_\_

### PERSONAL INFORMATION:

Name: Mr. Miss Mrs. First Middle Last TIN or SSN(required)

Permanent Home Address: Number & Street City & State Zip

Email Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Name of Parents or Guardian: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: Number & Street City & State Zip

Give briefly the basis for claiming Scottish descent, if not born in Scotland: \_\_\_\_\_

### EDUCATIONAL INFORMATION: (if applying for a Scholarship)

List high school and college attended with dates and year of graduation or degree:

School	City & State	Dates Attended	Degree

Name & location of educational institution you wish to attend: \_\_\_\_\_

Have you applied? \_\_\_\_\_ Been admitted? \_\_\_\_\_

In what field of study are you engaged or intend to major? \_\_\_\_\_

If Applying for a Grant, State Purpose and Amount (add additional sheet if needed): \_\_\_\_\_

**APPLICANT'S STATEMENT:**

Attach a one or two page statement about yourself, typed or handwritten. The statement might include remarks on your aspirations, reasons for applying for this scholarship or grant and other information you think would help in evaluating your application.

**RECORD OF HIGH SCHOOL, COLLEGE AND COMMUNITY ACTIVITIES:** Indicate by year and class (sophomore, junior, etc.) the time of your activity.

Academic Honors in School or Special Scholastic Achievements or Activities: \_\_\_\_\_

School Publications or Clubs: \_\_\_\_\_

Participation in Sports, Athletic Teams: \_\_\_\_\_

Employment during School Sessions or in Summer Periods: \_\_\_\_\_

Community, Religious or Civic Activities: \_\_\_\_\_

Other Hobbies or Interests: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES:**

If there are special circumstances not covered in the application that you wish the Committee to consider, please describe them below. If needed, use a separate well identified sheet.

**FINANCIAL STATEMENT:**

Give detailed statement of need and of other resources that will be available. Present information on personal savings and expected funding from your family. State occupations of your parents and list any sisters or brothers whose education would depend on family financing. State grants in hand or those requested from other programs. Use separate sheets if necessary.

**ACADEMIC:**

Enclose a school transcript or authentic statement from school of academic average and class standing.

Give the name, full address, and teaching role of two academic persons that you will ask to write directly to Chairman, Scholarship Committee.

Name	Academic Role	Address

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

THIS APPLICATION AND OTHER REQUIRED DOCUMENTS SHOULD BE RECEIVED BY: NOVEMBER 1

Late applications will be considered as long as funds are available. Revised 5/6/2019