

# SCHOLARSHIP APPLICATION



**Cora Sue Smith From The Heart**

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## APPLICANT INFORMATION

Full Name:

Date of Birth:

Social Security Number:

Gender:

Address:

Ethnicity:

Email:

Phone:

Name of Deceased Parent or Primary Guardian

Indicate your type of application: ☐ initial ☐ renewal

## ACADEMIC HISTORY

High School:

GPA:

Address:

Degree Earned:

Graduation Date:

## ACADEMIC HISTORY

College/Vocational School:

GPA:

Address:

Degree Earned:

Graduation Date:

## ACADEMIC HISTORY

University:

GPA:

Address:

Degree Earned:

Graduation Date:

## USE OF SCHOLARSHIP FUNDS

*Scholarship payment will be made to this institution*

Name of Institution:

Declared Major/Emphasis of Study:

Address:

Anticipated Start Date:

Please keep in mind that Cora Sue Smith From The Heart fairly considers all submitted grant requests. Grant amounts are determined based on available budget and demand and can never be guaranteed.

### USE OF SCHOLARSHIP FUNDS

Anticipated Degree:

Anticipated Graduation Date:

Classification (During the fall semester, I will be a...):

Status: ☐ Full-time ☐ Part-time

### FINANCIAL NEED

Comprehensive College/University Fees for an Academic Year (tuition, books, room and board, fees):

Total amount of all awards/scholarships from College/University, Government for Academic Year (State, Federal, Local), and other sources (not including loans):

- A. Anticipated Contributions for the Academic Year:
- B. Financial Need for the Academic Year (Subtract lines B and C from Line A):
- C. Requested Scholarship Amount:

### COMMUNITY SERVICE and VOLUNTEER EXPERIENCE

Organization:

Role:

Start Date:

End Date:

Point of Contact's Full Name:

Title:

Phone Number:

Email:

### ACADEMIC ADVISOR REFERENCE

Advisor's Organization:

Advisor's Full Name:

Title:

Phone Number:

Email:

### PERSONAL STATEMENT

Describe your proposed plan of study and career plans. Share your current career goals and why you chose them:

## PERSONAL STATEMENT

*If selected as a scholarship recipient, do you agree to participate in Cora Sue Smith From The Heart media (if any) related to this scholarship?* ☐yes ☐no

*If invited (meals covered) I agree to attend Cora Sue Smith From The Heart events and retreats:* ☐yes ☐no

By typing your full name in the box, you are certifying that this information is correct and true to the best of your knowledge and belief. You are also authorizing appropriate Cora Sue Smith From The Heart staff and evaluators to review the content of this application. Your typed name serves as your electronic signature.

*Attachments:* ☐Parent Death Certificate ☐School Transcripts ☐Proof of Enrollment ☐Acceptance Letter