



North Carolina Community Foundation Madison County Chamber of Commerce Scholarship Application

This application may be used to apply for the Madison County Chamber of Commerce
NC Community Foundation Scholarship.

Minimum Criteria for Scholarship:

- ✓ Must be Madison County resident for at least one year.
- ✓ Will be enrolled full-time (12 or more credit hours) for period covered by proposed scholarship.
- ✓ Must have most recent GPA of 2.5 or more.

Required Items:

- ◆ NCCF Scholarship Application Form (follows)
- ◆ Essay Question
 - ◆ Students will submit a 1-page essay, (typed, double spaced, 12 pt font, with normal margins) in answer to the following question: "What economic changes have you seen in Madison County over the last 4 or 5 years, and what do you hope to see for our County in the next decade?" *Please put your name in the upper right corner of the page.*
- ◆ List of Extracurricular Activities
 - ◆ On a single separate page, please provide a typed list of your extracurricular activities (clubs, sports, fine arts groups, volunteer work, scouting, hobbies, jobs, internships, etc.), including the years you participated and the number of hours per week devoted to each. Also list awards or recognitions you have received. *Please put your name in the upper right corner of the page.*
- ◆ Current or Most Recent Transcript
 - ◆ High School Seniors should submit a high school transcript with test scores (SAT, ACT, AP)
College students should submit a college or university transcript.
- ◆ Letters of Recommendation (2, in sealed envelopes)
 - ◆ One from a teacher
 - ◆ One from a teacher, guidance counselor, coach, pastor, supervisor, or other qualified individual

NC Community Foundation Madison County Chamber of Commerce Scholarship Application Form

I am applying for the Madison County Chamber of Commerce Scholarship.

Name _____
Last First Middle Preferred Name

Mailing Address _____

City _____ State _____ Zip _____

Permanent Address (if different than above) _____

City _____ State _____ Zip _____

County of Residence _____

High School Name _____

Home Telephone _____ Email _____

Gender _____ Date of Birth _____

Weighted GPA: _____ Class Rank: _____ of _____ total students

SAT Scores: V _____ M _____ W _____ Combined _____

Intended Major: _____

School/College you plan to attend this fall: _____
(if undecided, please list where you have applied or been accepted)

Type of School: ☐ 2 year ☐ 4 year ☐ Graduate ☐ Other: _____

Year of study this fall: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Other: _____

Enrollment Status: ☐ Full Time (12+ hours) ☐ Part Time (6-11 hours) ☐ Other: _____

I certify that the information provided in this application packet is complete and accurate to the best of my knowledge. I understand that falsification of information will result in termination of any scholarship granted. I understand that incomplete applications may not be considered. I certify that I have read the instructions and will comply with all requests for documentation of financial need and academic status. Should I receive a scholarship, I will notify the NCCF of any change of plans, and the NCCF may use my name and likeness in publicity materials relating to the Foundation.

I understand that NCCF scholarships may only be used towards the published cost of attendance at accredited US institutions of higher learning.

Student Signature

Date

Signature of Parent or Guardian (if applicant is under 18)

Date