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**THE CARVER HIGH SCHOOL ALUMNI & FRIENDS ASSOCIATION, INC.**

**P.O. Box 30: Mount Olive, NC 28365**

**CHSAFA Scholarship Awards Application**

Applications may be obtained from a Carver Alumni member or the School Guidance Counselor.

Applications are available each March and accepted no later than M**ay 1st** of the given year.

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The purpose of the CHSAFA scholarship award is to provide financial assistance to qualified high school graduates who plan to attend a 2-4-year college, university or adult education program. The scholarship Award Committee gives due consideration to academic achievement, financial need, extracurricular involvement and references.

**Awards**

Awards are for one year only. All scholarship awards are will be paid directly to the recipient’s institution.

**Eligibility**

Applicants must be a resident of Wayne County or family/friend of the Carver Alumni Association.

The CHSAFA Scholarship Awards are awarded without regard to race, sex, religion, age, national origin or sexual orientation, CHSAFA will not award scholarships to applicants who are not qualified and reserve the right not to award a scholarship in a given year. Applicants must be **US Citizens.**

**Selection Criteria: ONLY completed application packets will be considered**

* An official high school transcript
* A copy of your letter of acceptance for admission
* A one page (not exceed 500 words), typed biographical essay telling why you are applying for this scholarship, your qualifications and career goals.
* Two (2) letters of recommendation (Minister, Educator or Business Person)
* Applicant photo (color)
* Signed Carver Alumni Member recommendation letter if applicable

**Submission of Application Packet**

Mailing Address:

Carver High School Alumni & Friends Association, Inc.

P.O. Box 30

Mount Olive, NC 28365

Scholarship applicants will receive notice of receipt and formal selection status.

Awards are formally announced during the annual Carver Alumni Reunion (July 4th weekend).

Questions regarding this application should be directed to:

[Info-chsafa@carverhighschoolalumni.org](mailto:Info-chsafa@carverhighschoolalumni.org)

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**CHSAFA SCHOLARSHIP APPPLICATION**

**PLEASE PRINT RESPONSES**

**APPLICANT’S FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PARENT OR GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATONSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP/POSTAL CODE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME & ADDRESS OF EDUCATIOAL INSTITUTION APPLICANT IS NOW ATTENDING**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADE POINT AVERAGE AS VERIFIED BY COUNSELOR/TRANSCRIPT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME & ADDRESS OF INSTTUTION TO WHICH APPLICANT HAS BEEN ACCEPTED**

**(ATTACH ACCEPTANCE LETTER)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT AND MAJOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE TERM BEGINS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXPECTED DATE OF COMPLETION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LIST NAMES AND AMONTS OF OTHER SCHOLARSHIPS YOU EXPECT TO RECEIVE THIS YEAR**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AMOUNT $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CHSAFA SCHOLARSHIP APPLICATION**

**PLEASE PRINT RESPONSES**

**CURRENT AND PAST SCHOOL AND/OR CUMMMUNITY ACTIVITIES AND HONORS**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**APPLICATION STATEMENT**

The information provided in my application is, to the best of my knowledge, accurate. I understand that incomplete submissions and false statements on this application will disqualify me from the scholarship.

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for release of any information necessary to process my application to The Carver High School Alumni & Friends Association, Inc.

Scholarship Program.

**APPLICATION DEADLINE: MAY 1st.**

**Mail completed applications to:**

The Carver High School Alumni & Friends Association, Inc.

P.O. Box 30

Mount Olive, NC 28365

**APPLICANT APPLICATIONS WITHOUT THE FOLLOWIG ATTACHMENTS WILL NOT BE CONSIDERED:**

1. **YOUR TRANSCRIPT**
2. **YOUR TYPED ESSAY**
3. **A COPY OF YOUR LETTER OF ACCEPTANCE FOR ADMISSION**
4. **YOUR TWO (2) LETTERS OF RECOMMENDATION**
5. **COLOR PHOTO**
6. **CARVER MEMBER RECOMMENDATION LETTER IF APPLICABLE**

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**CHSAFA SCHOLARSHIP APPLICATION**

**PLEASE PRINT RESPONSES**

**QUESTIONAIRE FOR SCHOLARSHIP APPPLICANT’S GUARDIAN/PARENT**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE NUMBER: HOME \_\_\_\_\_\_\_\_\_\_\_\_ CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLACE OF EMPLOYMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MARITAL STATUS: \_\_\_\_MARRIED \_\_\_\_ SINGLE \_\_\_\_ DIVORCED \_\_\_\_ WIDOWED**

**SPOUSE’S NAME & PLACE OF EMPLOYMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF DEPENDENT CHILDREN\_\_\_\_\_\_\_\_ AGES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NUMBER OF CHILDREN ALREADY ATTENDING COLLEGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ARE YOU A MEMBER OF THE CARVER ALUMNI ASSOCIATION? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_ NO**

**DO YOU HAVE A CHILD GRADUATING FROM HIGH SCHOOL THIS YEAR? \_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_ NO**

**NAME OF GRADUATING STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME AND ADDRESS OF HIGH SCHOOL WHERE STUDENT IS ENROLLED**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOES STUDENT PLAN TO ATTEND COLLEGE UPON GRADUATING? \_\_\_\_\_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_\_\_\_\_\_ NO**

**LIST NAME OF COLLEGE(S) TO WHICH STUDENT WILL APPLY OR HAS BEEN ACCEPTED FOR ENROLLMENT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**FOR ASSOCIATION USE, ONLY**

**APPLICATION RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOLARSHIP AWARDED \_\_\_\_\_\_YES \_\_\_\_\_\_ NO**

**SCHOLARSHIP AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**THE CARVER HIGH SCHOOL ALUMNI ASSOCIATION & FRIENDS, INC.**

**MEMBER RECOMMENDATION AFFADAVIT**

**P.O. Box 30**

**Mount Olive, N.C. 28365**

Dear Scholarship Committee,

I am writing this reference letter for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

who is applying to the Carver High School Alumni & Friends Association’s Scholarship Program.

I believe this applicant to be of good academic standing, sound character and in possession of numerous positive strengths. These attributes combined with a goal directed focus and grasp for acquiring knowledge will render this candidate an excellent scholarship awardee and welcome addition to any institution of higher learning.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship & Contact Number

\_\_\_\_\_\_\_\_\_\_\_

Date

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