

Alleghany CARES
Christians Associated for Relief & Emergency Services

P. O. Box 1655, 25 Womble Street, Sparta, NC 28675
336.372.5959 FAX 336.372.6808 Email: alleghcares@skybest.com

SCHOLARSHIP APPLICATION

DATE:

The purpose of our *tuition* scholarship is to assist students in obtaining a college education in any field of study. **If granted, this application is renewable upon your request during your winter college session.** **DUE: March 31,**

2017

1. Full name _____
First Middle Last

2. Home address _____
Street City Zip

Telephone _____

3. Social Security Number _____ Birth date _____

4. Intended major _____

5. Intended college _____

Have you been accepted () YES () NO

6. Career objectives _____

7. Father's name and occupation _____

8. Mother's (Husband's or Wife's as applies) name and occupation _____

9. Ages of dependent siblings (if applicable) _____

10. Activities and honors (Include honors, offices, etc. in school, community and church)

11. Financial need

- a. Approximate family income per year (check one)
- | | |
|---|---|
| <input type="checkbox"/> below \$10,000 | <input type="checkbox"/> \$10,000 to \$20,000 |
| <input type="checkbox"/> \$20,000 to \$30,000 | <input type="checkbox"/> \$30,000 to \$40,000 |
| <input type="checkbox"/> \$40,000 to \$50,000 | <input type="checkbox"/> above \$50,000 |

- b. Approximate tuition and fees per year for school/university:

- c. Employment during school or summer: _____

Expected earnings: _____

- c. How do you plan to finance your education? _____

12. Scholarship potential

A: Attach high school or college transcripts

B: List scholarships applied for or received

—

13. References (Attach three (3) letter of reference)

Applicant's Signature

Date

Previous applicants and/or recipients may reapply each year that they remain in school.

