

Alleghany CARES

Christians Associated for Relief & Emergency Services

RENEWAL

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. Please send the renewal request to the above address before March 30th, 2021. Please attach or note a transcript has been ordered and send 1 new reference letter from your college.**

1. Full name _____
 First Middle Last

2. Home address _____
 Street City Zip

Telephone _____

3. Social Security Number _____ Birth date _____

Email: _____

4. Major _____

5. College attending _____

Mailing Address:

STUDENT Identification number:

6. Career objectives _____

_____.

Over

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

8. Financial need

- a. Approximate family income per year (check one)
 below \$10,000 \$10,000 to \$20,000
 \$20,000 to \$30,000 \$30,000 to \$40,000
 \$40,000 to \$50,000 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? _____

9. Scholarship potential

List scholarships applied for and/or received

10. **Please provide the following:**

- 1)One (1) new letter of reference from the current school**
2)Attach transcripts (Unofficial is acceptable)

Applicant's Signature

Date

**Previous applicants and/or recipients may reapply each year that they remain in school.
We do not offer graduate school scholarships.**