



Buncombe County Chapter School Nutrition Association Scholarship Application

Student Name: _____

1. Street Address: _____

2. City: _____ State: _____ Zip: _____

3. Cell: _____ Student Email: _____

4. GPA: _____ (unweighted)

5. Name of the school you plan to attend: _____

6. Major: _____

SCHOOL ACTIVITIES

Please list extracurricular activities in which you have participated during the past four years. (Include clubs, school sports, student government, fine arts, other honors/awards, etc.) Attach extra sheet, if necessary.

ACTIVITY	# MONTHS/YEARS	LEADERSHIP POSITION, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

COMMUNITY & PERSONAL ACTIVITIES

Please list community, religious and personal activities in which you have participated during the past four years. (Include volunteer work, youth programs, athletic programs, music, dance, scouts, 4-H, and hobbies to which you have devoted time). Attach extra sheet, if necessary.

ACTIVITY	# MONTHS/YEARS	# Volunteer Hours	LEADERSHIP POSITION, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

Please sign below and return this application **with all required materials** to your High School Counseling Department by March 5, 2021. Late applications will not be accepted.

I certify that all information on this form is true to the best of my knowledge and understand all decisions made are final and not subject to review or appeal. I further understand any information provided on this form may be shared with committee members of the sponsoring scholarship.

Student's complete name: _____

Student signature: _____ Date: _____