



Enka High School Scholarship Application Form

Buncombe County Schools Foundation
Scholarship Award Application Form

Deadline – School Counseling Office Friday, March 5, 2021

Name: _____

High School: _____

Eligibility

To be eligible for a BCSF scholarship, student must be currently enrolled in a Buncombe County High School, and a graduating senior. Student must be planning to attend an appropriate secondary program (technical/community college, junior college, four-year college/university).

Guidelines

1. Complete fillable application. **Download, save, fill out and save again.**
2. Copy of transcript must be included.
3. Provide two letters of reference (See Selection Criteria about each scholarship for additional information about reference letters. In most cases, only two recommendation letters are needed.) **DO NOT PUT IN SEALED ENVELOPES.**
4. To be considered for any BCSF scholarship, it is recommended that student provide the Financial Aid Information in this Scholarship Application and a copy of Page 1 of student's SAR (Student Aid Report) generated from their FAFSA. The Expected Family Contribution (EFC) is located on Page 1, underneath the date near the top right on the SAR.
5. **Print on front only. Please do not print on back.**
6. Please **do not** staple. Paperclip the pages together
7. Completed applications must be printed and submitted to your school Counselor

Checklist

(Please submit information in this order) – Incomplete application packet will not be considered.

_____ Student Scholarship Application (This Application can be used for the BCSF Sponsored Scholarships and Scholarships chosen by your High School Scholarship Committee, unless otherwise noted) (Please attach additional sheets, if needed)

_____ Financial Aid Information (in Scholarship Application)

_____ Copy of Page 1 of student's SAR (Student Aid Report) generated from your FAFSA.

_____ Resume

_____ Transcript

_____ Copy of ACT and/or SAT Score Report (Counselor to complete on first page of Application)

_____ Two Letters of Reference (Please read the section entitled **Selection Criteria** about each scholarship for additional information about reference letters. In most cases, only two recommendation letters are needed.) Please do not put in sealed envelopes.

_____ An essay of 500 words or less that describes your career goals, future plans, etc. If you are applying for a scholarship that specifies a career (i.e. education or nursing), explain why education or nursing is your career goal and discuss any event that has influenced your choice. Also, you may want to talk about a specific person who has been instrumental in your decision. Please print your essay on the front only. **Essay required for ALL scholarships. See scholarship description for essay topic. If essay not noted on scholarship description, use topic stated in this paragraph.**

Scholarship Award

Scholarship checks will be written and mailed to the college/university in late June/early July.

Receiving full scholarships from other sources may eliminate for certain BCSF scholarships. The Buncombe County Schools Foundation reserves the right to revoke the scholarship if the guidelines are not met or majority of costs are covered through other means. Scholarship Agreements will be collected from all recipients before payments are finalized. If you are awarded a Paddison Family Scholarship, you will be required to provide BCSF a copy of your Financial Award Letter/form from the college/university you are attending, before payment is made to your college/university.

**Buncombe County Schools Foundation
Student Scholarship Application
Deadline: March 5, 2021**

Student Information (Please print in black ink or type)

Name: _____
(Last) (First) (Middle)

Permanent Address: _____
Street Address City State Zip

Home Phone Number: _____ Cell Number: _____

High School: _____ Student Email: _____

Please list the college(s) you have applied to for acceptance:

College	Accepted (Y/N)	Pending Notification (Y/N)

Name of College you plan to attend: _____

Major Area of Study: _____ Minor Area of Study: _____

Career Goal: _____

List any additional scholarships and/or loan assistance (federal/state/private) you have applied/received and amounts: (Please attach sheet if additional lines are needed)

Name of Scholarship/Type of Loan Assistance	Received (Y/N)	Pending Notification	Amount of Scholarship/Loan Assistance

Please check the scholarships for which you are applying:

- | | |
|---|--|
| <input type="checkbox"/> Wells Fargo Scholarship
<input type="checkbox"/> Paddison Family Scholarship
<input type="checkbox"/> BCSF PROSPECTIVE TEACHER Scholarship
<input type="checkbox"/> John W. Abbott Scholarship-(4 yr college/university)
<input type="checkbox"/> John W. Abbott Scholarship-(AB Tech)
<input type="checkbox"/> Kayla Dezaray Hensley Memorial Scholarship
<input type="checkbox"/> Ann Sizemore Memorial Scholarship
<input type="checkbox"/> The Buncombe County Chapter School Nutrition Association Scholarship (complete separate application) | <input type="checkbox"/> Pepsi-Cola Bottling Company Scholarship
<input type="checkbox"/> Roger D. Robison Family Scholarship |
|---|--|

Counselor's Verification
School Name: Enka High School Counselor's signature: _____ Class Rank: _____ GPA: _____ Highest SAT: _____ ACT: _____

Student Name: _____

Financial Aid Information

To be considered for any BCSF scholarship, it is recommended that student provide the Financial Aid Information and a copy of Page 1 of student's SAR (Student Aid Report) generated from your FAFSA. The Expected Family Contribution (EFC) is located on Page 1, underneath the date near the top right on the SAR.

Family Information (To be completed by parent/guardian of the scholarship applicant)

Parent /Guardian Name: _____

Home Address: _____

Daytime Phone: _____ Email: _____

Occupation: _____ Employer: _____

Second Parent/Guardian Name: _____

Home Address: _____

Daytime Phone: _____ Email: _____

Occupation: _____ Employer: _____

Self-Supporting Occupation: _____ Employer: _____
(Independent of parent or guardian)

**How much does your family expect to contribute to cover college costs?
(Expected Family Contribution - EFC): _____ (This is found on SAR (Student Aid Report))**

In what range was your parent(s)/guardian's income for the previous calendar year:
_____ Below \$15,000
_____ \$15,000 - \$25,000
_____ \$25,000 - \$40,000
_____ \$40,000 - \$60,000
_____ \$60,000 - \$80,000
_____ \$80,000 - \$100,000
_____ \$100,000 - \$120,000
_____ \$120,000 or Above

Number of dependents claimed on current taxes (including applicant): _____

Please list information for additional sibling (s) supported by parents/guardian who also supports the scholarship applicant:

Name	Age	School Attending

Please select one of the following if applicable:

_____ Single Parent	_____ Married – filing taxes jointly
_____ Head of Household	_____ Qualifying widow(er) w/dependent child
_____ Married – filing taxes separately	

By signing below, you are agreeing that all information provided above is accurate and correct.

Parent/Guardian Signature

Date

Student Name: _____

NOTE: APPLICANT MAY CHOOSE TO SUBMIT AN ATTACHED SHEET OF THE FOLLOWING INFORMATION IN LIEU OF USING THIS FORM.

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.)

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).

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

WORK EXPERIENCE

Please list any work experience (including self-employment) you have made during the past four years. (Include employment during the school year and summer months.) Complete this information beginning with your most recent work experience.

Employer	Position	Dates of Employment	Hrs/Wk

Student Name: _____

By signing this application, you are stating that the information you submitted is accurate and correct to the best of you and your parent/guardian knowledge.

Student: _____ **Date:** _____

Parent/Guardian: _____ **Date:** _____

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