

DARE COUNTY BOAT BUILDERS FOUNDATION
P.O. Box 305
Manns Harbor, NC 27953
www.dcbbf.org

GUIDELINES FOR SCHOLARSHIP APPLICATIONS

Eligible applicants include current Manteo High, First Flight High and Cape Hatteras Secondary seniors.

1. Scholarship Application Packet:
 - a) Scholarship Application Form
 - b). Statement of Financial Need form
 - c). Recommendation form(s) (duplicate as needed) from teachers, principal, counselors, employer, minister, etc.
It is also courteous to supply an envelope with your name on the outside since the referent is asked to return the form in a sealed envelope (minimum 2).
2. Applicant's letter containing a short biographical history including indicators and/or evidence of financial need, achievements, self-motivation, academic achievements, moral character, leadership, and community contributions. Applicants should state their future goals and express why they would be a worthy recipient.
3. Transcripts:

High School Students

Through first semester of senior year

COMPLETED APPLICATION PACKET INCLUDING THE APPLICATION FORM, APPLICANT'S LETTER, FINANCIAL NEED FORM, TRANSCRIPTS, AND SEALED RECOMMENDATIONS MUST BE PLACED IN A BROWN ENVELOPE WITH THE APPLICANTS NAME CLEARLY MARKED ON THE OUTSIDE AND SUBMITTED TO YOUR GUIDANCE COUNSELOR.

APPLICATIONS POSTMARKED LATER THAN March 31, 2010 WILL NOT BE CONSIDERED.

All applications will be reviewed using the criteria for the scholarship for which the applicant is eligible. Applications will be screened and finalists for each scholarship will be identified.

FINALISTS FOR SCHOLARSHIPS WILL BE CONTACTED AND MUST BE AVAILABLE FOR AN INTERVIEW ON THE NIGHT OF APRIL 25th, 2010.

Late applications and/or incomplete applications will not be considered. It is the applicant's responsibility to check and double check each envelope for complete contents as described in the guidelines.

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SCHOLARSHIP APPLICATION FORM

(Attach additional pages to this application as needed)

APPLICANT'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE #: _____ CELL #: _____

E-MAIL ADDRESS: _____

STUDENT LIVES WITH: _____

FATHER/GUARDIAN'S NAME: _____

ADDRESS (IF DIFFERENT FROM APPLICANT): _____

TELEPHONE NUMBER: _____

FATHER'S EDUCATION: _____

FATHER'S EMPLOYMENT WITH ADDRESS & TELEPHONE #: _____

MOTHER/GUARDIAN'S NAME: _____

ADDRESS (IF DIFFERENT FROM APPLICANT): _____

TELEPHONE NUMBER: _____

MOTHER'S EDUCATION: _____

MOTHER'S EMPLOYMENT WITH ADDRESS & TELEPHONE #: _____

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SCHOLARSHIP APPLICATION FORM

LIST YOUR INVOLVEMENT IN COMMUNITY ACTIVITIES: _____

LIST ALL SCHOOL ORGANIZATIONS AND ACTIVITIES YOU HAVE PARTICIPATED IN AND ANY HONORS, INCLUDING ATHLETICS, YOU HAVE RECEIVED DURING YOUR HIGH SCHOOL YEARS: _____

NAME(S) OF HIGH SCHOOL(S)/COLLEGE(S) ATTENDED: _____

NUMBER IN GRADUATING CLASS: _____

CLASS RANK THROUGH FIRST

SEMESTER OF SENIOR YEAR: _____

CUMULATIVE GPA THROUGH

FIRST SEMESTER OF SENIOR YEAR: _____

BEST SAT SCORE: VERBAL: _____ MATH: _____ TOTAL: _____

COLLEGE STUDENTS:

GPA FOR LAST COMPLETED SEMESTER OR QUARTER: _____

COLLEGES TO WHICH YOU HAVE APPLIED (IN ORDER OF PREFERENCE):

_____ STATE: _____ ACCEPTED? _____

_____ STATE: _____ ACCEPTED? _____

_____ STATE: _____ ACCEPTED? _____

IN COLLEGE, YOU WILL PURSUE A: TWO YEAR DEGREE: _____

FOUR YEAR DEGREE _____

YOUR ANTICIPATED MAJOR: _____

The information given on this form is true and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

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STATEMENT OF FINANCIAL NEED

Applicant's Name: _____

Father/Guardian's Gross Annual Income for the last tax year: _____

Mother/Guardian's Gross Annual Income for the last tax year: _____

Total: _____

Names and ages of other children in family: _____

Number of people dependent on this income: _____

Number of dependents (excluding applicant) enrolled in higher education for the upcoming academic year: _____

Please explain any special financial conditions, such as medical costs, etc.: _____

List student scholarships, loans, etc. (any amounts), already awarded the applicant for the upcoming academic year and indicate if any are pending: _____

SUMMARY FOR THE NEXT ACADEMIC YEAR

Estimated cost of my education
for the next academic year:

Estimated financial support of my education
for the next academic year:

Tuition: _____

Housing &

Meals: _____

Books & Fees: _____

Clothing &

Transportation: _____

Personal Expenses: _____

Other Expenses: _____

TOTAL: _____

Funds supplied by

Parents/Guardian: _____

Student's savings/earnings, including
anticipated summer earnings: _____

Other scholars, grants, etc.: _____

Other sources: _____

TOTAL: _____

Difference between total estimated costs and total estimated available funds: _____

The information given on this form is, to the best of my knowledge, a true and accurate reflection of my financial situation.

Applicant's signature: _____

Date: _____

Parent/Guardian's signature: _____

Date: _____

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RECOMMENDATION FORM

(Applicants should make additional copies of this form as required in guidelines.)

APPLICANT'S NAME: _____

REFERENT'S NAME: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? _____

Please describe the applicant in terms of personal traits, accomplishments, (moral character, leadership, citizenship, motivation to achieve, etc.). Also describe any unusual circumstances, special background information, or financial need which would be helpful to the scholarship committee. Attach additional pages as needed.

Please return this completed recommendation form to the applicant in a sealed envelope.

Signature _____

Date _____