



Personal Information

(Must be completed for all categories)

Application for academic year

Applicant's Name

Social Security Number

Address

Birth date

City

State

Zip Code

County

()

Home Telephone Number

Mother's Name

Father's Name

SEANC Membership Information

SEANC Member's Name

Social Security and/or Member ID Number (from membership card)

Address

City

State

Zip Code

()

Work Telephone Number

Employer

Occupation

Relationship to Applicant

Member of SEANC District _____ Member since _____

I have read and understand the conditions specified on the cover page of the SEANC scholarship application.

Applicant's signature

Date

(FOR THE APPLICANT)
FOR CATEGORY I USE ONLY

- You must include your final (number without asterisk*) EFC number.
- This could take 6-8 weeks for processing by the federal government, so it is very important that you begin the process to secure this number as soon as possible. This should be your first step in completing this application.
- Failure to provide this Student Aid Report (SAR), which contains the EFC number, will result in disqualification.
- The following link can be used to secure additional information:
cfnc.org (*College Foundation of North Carolina*)

ATTACH A COPY OF THE
STUDENT AID REPORT (SAR),
WHICH IS PART OF THE FEDERAL
STUDENT AID PROGRAMS
INFORMATION SUMMARY



Applicant General Information

(Must be completed for all categories)

Applicant's Name

Name of school you currently attend or plan to attend

Address of school

Date Applied

Career Objective

List high schools and other schools you have attended, giving addresses, dates of attendance, graduation information, and degrees earned if applicable.

| EDUCATION | | | | | | |
|--|---------------|------------------------|-----------|-----------|--------------------|-------------------------|
| Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 | | | | | | |
| Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours. | | | | | | |
| Schools | Name/Location | Dates Attended (mo/yr) | Grad? | S/Q Hours | Maj/Min Coursework | Type of Degree Received |
| | | From To | | | | |
| High School | | | Yes No | | | |
| College/ University | | | Yes No | | | |
| Graduate or Professional | | | Yes No | | | |
| Other educational, vocation schools, internships, etc. | | | Yes No | | | |

Must be completed for all categories

List any other grant(s) or scholarship(s) and the amount(s) for which you have applied (not loans).
Indicate below if you have been notified of an official award.

| Name of Grant/Scholarship | Amount/Year | Official Notification | | |
|---------------------------|-------------|-----------------------|--------|-------------|
| | | Approved | Denied | Do Not Know |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Use the following section to show all anticipated costs associated with attending school for the next year.

| <u>Anticipated Costs</u> | <u>Amount</u> |
|--------------------------|-----------------|
| Tuition and fees | \$ _____ |
| Books and Supplies | \$ _____ |
| Room | \$ _____ |
| Board | \$ _____ |
| Total | \$ _____ |

Category I and II:

List activities and leadership positions in school.

Category III:

Also include activities and leadership positions in SEANC at both local and state levels. Please list in order of perceived importance.

List honors (scholastic, citizenship, artistic, etc.), awards, and/or recognitions received.

List hobbies and/or special interests.

List other activities or significant responsibilities in community. (Applicants who are employed full-time may use this section to include additional information.)

Categories I and II ONLY:

Have you been employed part-time during school and/or during summer breaks? _____

List your jobs and the average number of hours worked per week.



Transcript Request Form

(Must be completed for Categories I, II, and III)

Applicant's Name

To the Transcript Officer:

I am applying for a SEANC scholarship. I request that the following information be released to the addressee below:

1. A copy of the applicant's complete academic record: (including high school and college if applicable) (a) a transcript for work completed, and (b) a listing of the courses in which he or she is currently enrolled. Please print and complete additional copies of this form as needed.
2. Grade Point Average: _____ Weighted GPA: _____ Unweighted GPA: _____ Class Rank: _____
3. Scholastic Aptitude Test scores and other pertinent test scores:
Highest Math SAT: _____ Highest Verbal SAT: _____ Total SAT: _____

Please return as soon as possible, but NO LATER THAN APRIL 15 to:

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at www.seanc.org.

Scholarship Chairman

SEANC District

Address

City

State

Zip Code

Signature of Applicant

Date

(FOR SEANC DISTRICT USE ONLY)

SEANC DISTRICT SCHOLARSHIP
CHAIRMAN SHOULD ATTACH COPY
OF TRANSCRIPT HERE AFTER
IT IS RECEIVED FROM THE
GUIDANCE OFFICE AT THE
RELEVANT INSTITUTION.



Recommendation

(Must be completed for Categories I and II ONLY)
(Two recommendations required)

Applicant's Name

Please return this form as soon a possible, but NO LATER THAN APRIL 15 to:

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at www.seanc.org.

Scholarship Chairman

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

Applicant should give recommendation forms to at least two of the following:

- a. A principal, counselor, or teacher who knows you well and can knowledgeably complete a recommendation for you.
- b. Employer, supervisor, or someone in the community who knows you well and can knowledgeably complete a recommendation for you.

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members, their spouses, and dependent children of members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation. Final selections are made on the basis of the criteria described below.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon academic performance, financial need and additional criteria, including character, school and community activities, ability to express himself/herself in written form, personal motivation and leadership potential. Some of the applicants are applying for merit scholarships. In such cases, financial need is not a factor in selection.

Continuation of Recommendation for Categories I and II

1. What relationship (teacher, employer, etc.) are you to the applicant? How long have you known him/her? _____

2. Please rank the applicant on the following traits in comparison with other students of your acquaintance at the same level of experience and training.

| | Highest 10% | Next Highest 20% | Middle 40% | Next Lowest 20% | Lowest 20% |
|-----------------------------|----------------|---------------------|---------------|--------------------|---------------|
| Intellectual ability | | | | | |
| Written expression | | | | | |
| Motivation/perseverance | | | | | |
| Ability to work with others | | | | | |
| Potential as a leader | | | | | |
| Originality/creativity | | | | | |

In the space below, add comments concerning strengths and weaknesses of the applicant that should be considered.

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature Date

Name Title

Address City State Zip Code

() ()

Work Telephone Home Telephone

Recommendations

(Must be completed for Category III)
(Three recommendations required)

Applicant's Name

In order for you to be considered for a SEANC scholarship, your application, together with three supporting recommendations, must be on file with the SEANC district screening committee by April 15.

You should give a recommendation form to:

1. A SEANC member who knows you well and who can knowledgeably complete a recommendation for you.
2. Your employer or supervisor who knows you well and can knowledgeably complete a recommendation for you.
3. Someone in the community who knows you well and can knowledgeably complete a recommendation for you.

List the names of three people (required) who will be completing recommendation forms for you. Before distributing the forms, please write the name and address of the District Scholarship Chairman in the spaces provided on each form. Please ask your references to mail the form as soon as possible and follow up to make sure the required references have been mailed and/or received by the district scholarship chair.

Name

Name

Name



SEANC Member's Recommendation

(For use in Category III ONLY)

Applicant's Name

Please return this form as soon as possible, but NO LATER THAN APRIL 15 to:

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at www.seanc.org.

Scholarship Chairman

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairman listed above.

1. What committee(s) or SEANC project(s) have you worked on with the applicant? (include SEANC awards and accomplishments)

2. In the space below, please explain why you feel this person should receive a scholarship.

Continuation of Recommendation

3. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered.

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature Date

Name Title

District

Address City State Zip Code

() ()

Work Telephone Home Telephone



Employer Recommendation

(Must be completed for Category III ONLY)

Applicant's Name

Please return this form as soon as possible, but NO LATER THAN APRIL 15 to:

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at www.seanc.org.

Scholarship Chairman

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairman listed above.

1. What is your relationship to the applicant? How long have you known him/her?

2. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered and why you feel this person should receive a scholarship.

Continuation of Recommendation

Please rank the applicant on the following traits in comparison with other employees with the same level of experience and training.

| | Highest 10% | Next Highest 20% | Middle 40% | Next Lowest 20% | Lowest 20% |
|-----------------------------|------------------------|-----------------------------|-----------------------|----------------------------|-----------------------|
| Intellectual ability | | | | | |
| Written expression | | | | | |
| Motivation/perseverance | | | | | |
| Ability to work with others | | | | | |
| Potential as a leader | | | | | |
| Originality/creativity | | | | | |

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature Date

Name Title

Address City State Zip Code

() ()

Work Telephone Home Telephone

Personal Recommendation

(Must be completed for Category III ONLY)

Applicant's Name

Please return this form as soon as possible, but NO LATER THAN APRIL 15 to:

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at www.seanc.org.

Scholarship Chairman

SEANC District

Address

City

State

Zip Code

DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, and ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairman listed above.

1. What is your relationship to the applicant? How long have you known him/her?

2. In the space below, please explain why you feel this person should receive a scholarship.

Continuation of Recommendation

3. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered. (Include SEANC awards and accomplishments.)

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature

Date

Name

Title

Address

City

State

Zip Code

Work Telephone

Home Telephone

FOR DISTRICT USE ONLY: (Scholarship Chairman must verify membership)

I hereby certify that _____

is a member in good standing of SEANC District _____ .

Signature District Scholarship Chairman

Date

Note to District Scholarship Chairmen: If you need assistance verifying membership for applicants or their parents, please call the Scholarship Department at the SEANC Central Office between 8 a.m. and 5 p.m. at 919-833-6436 or 800-222-2758.



Scholarship Application Checklist

(Completed by District Scholarship Chairman)

APPLICANT'S NAME: _____

SEANC DISTRICT: _____

CATEGORY: _____ (I=Financial Need; II=Merit; III=Member Only)

SCHOOL NAME: _____

| Item | Date Received/Confirmed | Notes |
|---|-------------------------|-------|
| Application | | |
| SEANC membership/district number confirmed | | |
| Number of years in SEANC | | |
| School student will be attending | | |
| Career objective | | |
| Highest combined SAT score | | |
| Weighted GPA | | |
| Unweighted GPA | | |
| Class Rank (# ___ of # ___) | | |
| Transcripts | | |
| High School (for graduating seniors only) | | |
| College | | |
| Personal Statement | | |
| Recommendation #1 (Cat. I, II, & III) | | |
| Recommendation #2 (Cat. I, II, & III) | | |
| Recommendation #3 (Cat. III only) | | |
| Notified Applicant that references not received | | |
| Federal Student Aid Report (Category I only) | | |
| Final EFC # (without an asterisk) | | |
| Date applicant notified of missing documents | | |
| Application complete date | | |

VERIFICATION

District Scholarship Chairman Signature/Date _____

District Chairman Signature/Date _____