

### \$1,500 Eberhart Scholarship

The purpose of the Eberhart Scholarship is to provide financial assistance to a Guilford County Schools graduating senior who might not otherwise be able to attend an institution of higher learning. The scholarship may be applied to tuition, room and board, books and supplies, or fees.

The scholarship will be awarded to a Guilford County resident to attend a state or private four year college or university in North Carolina. The application deadline is April 15 with notification to the recipient of the scholarship by May 1. Please contact the Chair of the Eberhart Scholarship Committee, Eberhart@enrichmentfund.org, with any questions.

#### **Criteria for Selection**

- 1. Financial need
- 2. Academic achievement (minimum 3.0 weighted GPA) and promise
- 3. Participation in extra-curricular activities
- 4. Involvement in community activities
- 5. Character

### **Application Requirements**

| In order to be considered, your application must include <u>all</u> of the items in the following checklist |
|---|
| 1. Three page Eberhart Scholarship application form   |
| (1. General Information and Activities 2. Financial Information 3. Personal Statement)                      |
| 2. Official high school transcript including courses taken, grades, class rank, and GPA                     |
| 3. SAT or ACT scores (a copy of your score report is sufficient)  |
| 4. Two recommendations using the Eberhart Scholarship Recommendation Form                                   |
| One from a principal, guidance counselor, or teacher (choose only one)*                                     |
| One from a community representative (must not be a relative)  |
| *Please submit only one recommendation from a member of your school's staff                                 |
|   |

All scholarship materials should be included in one envelope and sent to:

Eberhart Scholarship

Enrichment Fund for the Guilford County Schools

P. O. Box 10208

Greensboro, NC 27404

**Deadline: April 15** 

## **General Information and Activities**

| Name:                             |  |                                |
|-----------------------------------|--|--------------------------------|
|                                   |  |                                |
|                                   | Date of birth:   |                                |
| Email Address:                    |  |                                |
|                                   |  |                                |
| Name of college/university for wh | hich aid is requested:   |                                |
| Anticipated major field of study: |  |                                |
|                                   | List of School Activities: (attach additional sheets if necessary) |                                |
| Activity                          | # of years   | Special honors or offices held |
| 1                                 |  |                                |
|                                   |  |                                |
|                                   |  |                                |
|                                   |  |                                |
|                                   |  |                                |
|                                   |  |                                |
|                                   | That of Community Askings  |                                |
| 4                                 | List of Community Activities                                       | C . 11                         |
| Activity                          |  | Special honors or offices held |
|                                   |  |                                |
|                                   |  |                                |
| 3<br>4.                           |  |                                |
| 5                                 |  |                                |
| 6                                 |  |                                |
| ·                                 |  |                                |
|                                   | List of Summer or Part-time Employment                             | t                              |
| Position held                     | Period of employment   | Hours per week                 |
| 1                                 |  |                                |
| 2                                 |  |                                |
| 3                                 |  |                                |
| 4                                 |  |                                |

# **Financial Information**

| 1. Parents' gross income (if applicant lives with be  | oth): \$                             |                              |
|---|--------------------------------------|------------------------------|
| If living with one parent: Father's income: \$  | Mother's Incon                       | ne: \$                       |
| Mother's Employment:  |                                      |                              |
| Father's Employment:  |                                      |                              |
| How much does the non-custodial parent plan to co   | ontribute towards college costs? \$  | <u> </u>                     |
| 2. Applicant's savings or earnings for college: \$  |                                      |                              |
| 3. Number of individuals (including yourself) who   | will be living in your household     | during the next school year? |
| 4. Total number of members of your family attend  | ling college (at least half-time) ne | xt school year?              |
| 5. Explain any unusual circumstances that make y  | our financial situation particularly | y difficult.                 |
|   |                                      |                              |
|   |                                      |                              |
|   |                                      |                              |
| 6. If your parents' financial situation has changed   | during the last 6 months, please d   | lescribe how.                |
| 7. Have you applied for any other financial schola If yes, please list them below                             | rships? YesNo                        |                              |
| Name of Institution Offering Scholarship  | Amount Requested                     | Amount Granted               |
|   |                                      |                              |
| Appli   | ication Statement                    |                              |
| The information provided in my application is, to t<br>I understand that false statements on this application |                                      |                              |
| Applicant's Signature   |                                      |                              |
| Date  |                                      |                              |

## **Personal Statement**

In an essay of no more than 500 words, describe your aspirations and how your educational plans relate to them. (Attach a separate sheet if necessary.) **Your essay must be typed.** 



# **Eberhart Scholarship Recommendation Form** to be completed by applicant's principal, teacher, or guidance counselor

The student below is applying for the Eberhart Scholarship which provides \$1500 for a graduating senior from a Guilford County high school who needs financial assistance to attend an institution of higher education in NC. Your recommendation as a representative of the applicant's school is needed as part of the application. Please complete this form and return it to the student in a sealed envelope with your signature written across the seal.

| To be completed by the applicant:  Name of scholarship applicant:  Applicant's home address:                 |              |                |            |               |          |          |
|--|--------------|----------------|------------|---------------|----------|----------|
| To be completed by the reference:  In what capacity have you known the applicant?                            |              |                |            |               |          |          |
| Please rank the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking: |              |                |            |               |          | ranking: |
|  | 5            | 4              | 3          | 2             | 1        | Unknown  |
| Evidence of Promise  |              |                |            |               |          |          |
| Scholastic Achievement   |              |                |            |               |          |          |
| Cooperation  |              |                |            |               |          |          |
| Perseverance   |              |                |            |               |          |          |
| Character  |              |                |            |               |          |          |
| Personality  |              |                |            |               |          |          |
| Work Habits  |              |                |            |               |          |          |
| Please use the back of this  | form to wrii | te a brief rec | ommendatio | on for the ap | plicant. |          |
| Signed:  | Title:       |                |            |               |          |          |
| Address:   | Phone:       |                |            |               |          |          |



# Eberhart Scholarship Recommendation Form to be completed by a member of the community not associated with the applicant's school

The student below is applying for the Eberhart Scholarship which provides \$1500 for a graduating senior from a Guilford County high school who needs financial assistance to attend an institution of higher education in NC. Your recommendation as a member of the student's community is needed as part of the application. Please complete this form and return it to the student in a sealed envelope with your signature written across the seal.

| To be completed by the applicant: Name of scholarship applicant: Applicant's home address:  To be completed by the reference: In what capacity have you known the applicant? |        |   |   |   |   |  |
|--|--------|---|---|---|---|--|
|  |        |   |   |   |   | Please rank the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking: |
|  | 5      | 4 | 3 | 2 | 1 | Unknown  |
| Evidence of Promise  |        |   |   |   |   |  |
| Scholastic Achievement   |        |   |   |   |   |  |
| Cooperation  |        |   |   |   |   |  |
| Perseverance   |        |   |   |   |   |  |
| Character  |        |   |   |   |   |  |
| Personality  |        |   |   |   |   |  |
| Work Habits  |        |   |   |   |   |  |
| Please use the back of this form to write a brief recommendation for the applicant.  |        |   |   |   |   |  |
| Signed:  | Title: |   |   |   |   |  |
| Address:   | Phone: |   |   |   |   |  |