
APPLICANT'S NAME

NCCBSBM SCHOLARSHIP APPLICATION DATE

Are you a senior in High School? Yes No

Class Rank / GPA _____

College/University Name

Street Address

City

State

Zip

School Email

Phone Number

Number of years attending College/University
(2 or 4Yrs)

Area of Study: (Major/Minor)

Current GPA (if enrolled) _____ Marital Status: _____ Gender: Male Female

How did you find out about this Scholarship? Friend NCCBSBM Website Other

List at least two individuals (*School/Guidance Counselor, College Instructors, Employers, Community Leaders, etc.*) who have provided letters of recommendation (*which are to be included with this application*).

1. Name / Title

Street Address

Phone Number

Email

2. Name / Title

Street Address

Phone Number

Email

Enclose an official Certified Copy of High School Transcript or verification of enrollment from a College/University.

Write a brief biographical sketch, including a list of personal goals and a statement summarizing why you need the NCCBSBM Scholarship to facilitate a college education (200 words or less).

List awards (local, state, or national), scholastic involvement, extra curriculum activities, community involvement, and any offices that you have held; (summarize your achievement(s) within the organization).

List your place of work, duties, month(s), years worked and include any volunteer experiences with total volunteer hours served (attach sheet if necessary).

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) may result in disqualification. I authorize investigation of all statements contained within this application for the NCCBSBM Scholarship as may be necessary.

I understand that if I am selected, I will be invited to attend the NC Black Caucus of Black School Board Members Fall retreat & Issues Forum held in Raleigh During the month of October.

I further understand that upon confirmation of enrollment and attendance at a two or four-year College, the scholarship funds will be released to me.

I understand that ONLY applications selected for interviews will be notified.

Applicant Signature

Date

Parents/Guardian Signature

Date

REQUIRED ATTACHMENTS:

- High School Transcripts
- Verification of Enrollment Form
- Biographical Sketch,
- 2 Reference Letters

All correspondence must be typed in and submitted to scholarship chairperson by deadline.

Application Submission Deadline: April 18, 2024

SCHOLARSHIP CHAIRPERSON:

Rev. Dr. Marjorie Edwards | Email: mabenana46@yahoo.com

Home Phone: (252) 585-2281 | (Cell Phone: (252) 578-7837

To be announced at recipient's High School Awards Day.

APPLICANT'S NAME

NCCBSBM SCHOLARSHIP APPLICATION DATE

Scholarship Application Check List

Applicant Signature

Date

County

College/University

- ___ Application Complete & Received by Deadline **(April 18, 2024)**
- ___ Certified High School Transcripts
- ___ Verification of Enrollment Forms – College/University Application
- ___ Biographical Sketch
- ___ Achievement Section
- ___ Employment History
- ___ 2 Reference Letters
- ___ Signature/Date

Referred by Financial School Board Member

School District

OFFICAL SECTION ONLY

Date Received

Amount Awarded

Verified by NCCBSBM Official

North Carolina Caucus of Black School Board Members**Scholarship Program****CRITERIA:**

A student must be a graduating high school senior and demonstrated intention to continue their education at a two-year or four-year college or university. Consideration will be given to academic achievement, financial need, and the student's community service record.

GUIDELINES:

Scholarships will be awarded on a one-time basis, based on available funds, and disbursed for payment to the college or university of the student's attendance. It is the responsibility of the recipient to notify the college or university of choice about the award. The award will be made payable to the college or university of the recipient's choice upon receipt of an official letter (with the college/university seal) from the Registrar's office confirming the recipient's enrollment as a fulltime student. The official letter should be sent to the attention of:

Rev. Dr. Marjorie Edwards
Treasurer
3961 NC Highway 35
Conway, NC 27820

AMOUNT:

Each scholarship awarded (range: \$500 - \$1,000) will be based on available funds.

DEADLINE:

The application deadline for **2024 is April 18, 2024**. The deadline is the date after which applications will no longer be accepted. We will use the timestamp date showing date and time sent with emailed entries.

SCHOLARSHIP CHAIRPERSON:

Rev. Dr. Marjorie Edwards
Email: mabenana46@yahoo.com
Home Phone: (252) 585-2281 | (Cell Phone: (252) 578-7837

All criteria MUST be met before any application will be considered.