

H. H. Webb and Nora Midkiff Webb Benevolent Trust Scholarship Application For North Surry High School

PERSONAL DATA

1. NAME (Please print): _____
(Last) (First) (Middle Initial)
2. DOB _____ SEX _____
3. PERMANENT MAILING ADDRESS: _____
(Street, Box, or Route No.) (City/Town)

(State) (Zip Code) (COUNTY) (Telephone Number) (Email Address)
4. HIGH SCHOOL FROM WHICH YOU WILL GRADUATE: _____
5. LOCATION OF SCHOOL: _____
(City/Town) (COUNTY)
6. NUMBER IN YOUR GRADUATING CLASS: _____ YOUR RANK: _____
YOUR GPA _____ YOUR S.A.T. SCORE: _____
7. INTENDED COLLEGE MAJOR /CAREER GOALS: _____

8. COLLEGE YOU PLAN TO ATTEND: _____
HAVE YOU APPLIED? _____ YES _____ NO
HAVE YOU BEEN ACCEPTED? _____ YES _____ NO
WHEN YOU EXPECT TO BEGIN COLLEGE: _____
WHEN YOU EXPECT TO GRADUATE FROM COLLEGE: _____
9. LIST YOUR PARENT'S CURRENT EMPLOYMENT (if applicable):
FATHER: OCCUPATION _____
PLACE OF EMPLOYMENT _____
ANNUAL GROSS INCOME _____
ADJUSTED INCOME FROM LAST INCOME TAX RETURN: _____
MOTHER: OCCUPATION _____
PLACE OF EMPLOYMENT _____
ANNUAL GROSS INCOME _____
ADJUSTED INCOME FROM LAST INCOME TAX RETURN: _____
TOTAL HOUSEHOLD ANNUAL GROSS INCOME _____
10. TOTAL NUMBER OF PEOPLE IN HOUSEHOLD _____ NUMBER IN COLLEGE _____
11. LIST ANY UNUSUAL CIRCUMSTANCES WHICH HAVE PLACED A FINANCIAL STRAIN ON THE FAMILY: _____

12. WHAT IS THE TOTAL YEARLY TUITION, **NOT INCLUDING ROOM AND BOARD**, FOR THE COLLEGE YOU PLAN TO ATTEND? \$ _____

13. WILL YOU BE RECEIVING ANY OTHER SCHOLARSHIPS? _____ YES _____ NO

IF YES, PLEASE LIST SCHOLARSHIP, THE AMOUNT OF THE SCHOLARSHIP AND WHETHER IT IS A ONE-TIME AWARD OR REPEATING FOR MORE THAN ONE TIME: _____

14. LIST CLUBS AND ACTIVITIES YOU HAVE PARTICIPATED IN AND OFFICES HELD:

Organization Name	Office (if applicable)	Years Participated
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. LIST HONORS AND SPECIAL RECOGNITIONS YOU HAVE RECEIVED:

15. WRITE A BRIEF PARAGRAPH ABOUT WHY YOU WANT TO ATTEND COLLEGE AND HOW THIS SCHOLARSHIP WILL HELP YOU.

GUIDANCE COUNSELORS:

Please return applications to Lowe & Williams, PLLC, PO Box 1463, 708 S. Main St., Mt. Airy, NC 27030 by April 1st.

STUDENTS:

Please see guidance counselors for deadline to return applications to the school.

COUNSELOR/TEACHER RECOMMENDATION

Student's Name: _____

High School Name: _____

I worked with this student for _____ years.

In comparison to other students at this high school, the applicant's course selection is: (Select one)

- Average
- Demanding
- Most Demanding

This evaluation is based on: (Select all that apply)

- Personal Knowledge
- Contact with Teachers
- Records Only

Please select the appropriate rating for each trait:

TRAITS	Good	Excellent	Outstanding	One of the top few ever encountered
Academic Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Growth Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy and Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Promise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 OVERALL RECOMMENDATION	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>

ADDITIONAL COMMENTS OR PERSONAL REMARKS: _____

Signature of Counselor/Teacher Recommending Applicant _____ Phone Number _____ Date _____