

The National Association of University Women, Mount Airy Surry County Branch Cheryl Yellow Fawn Scott Scholarship Application 2024

Begin Accepting Applications Date: 03/01/2024

Deadline Date (EST Time Zone): 05/01/2024 12:00 PM

Description:

The National Association of University Women, Mount Airy Surry County Branch annually awards a scholarship to a deserving female student graduating in June from one of the five traditional high schools in Surry County (East Surry, North Surry, Surry Central, Surry Early College, Elkin, and Mt. Airy High School) and Stokes County (North Stokes, South Stokes, Stokes Early College, and West Stokes). The graduate must plan to enter an accredited four-year educational institution in the fall of 2024. **The scholarship award is \$500.**

To be eligible for the scholarship, applicants must demonstrate financial need by completing and printing a copy of her SAR form. Once financial aid is determined, a selection committee evaluates applicants based on academic performance, extracurricular activities, letters of recommendation, and an essay.

Scholarships are available only to full-time undergraduate students and are awarded on an objective and nondiscriminatory basis without regard to race, color, and religion.

Eligibility:

• Currently enrolled students who will complete high school in the 2023-2024 academic

school year.

- Resides in Surry County and attends Surry County, Mt. Airy City, or Elkin City Schools.
- Student has been accepted to an accredited college or university.

All applications must be submitted to school counselors by noon EST on May 1, 2024. All required documents must be included by the deadline, including academic information from guidance counselors and letter(s) of recommendation. No exceptions will be made.

Application Information:

Completion of this application will require that you:

- Complete all sections of the application, including the essay.
- Send your SAR (student aid report) with your application. Please send the long, line to line itemized version.
- Have an officially stamped transcript from your guidance counselor or advisor in a sealed envelope.
- Send a copy of the acceptance letter from the college or university with your application.
- Review your application with a parent or guardian and both provide signature agreeing that all parties have fully read and understand the information provided.
- Send letter(s) of recommendations to: Mount Airy Surry County Branch-NAUW, P. O. Box 125, Mt. Airy, NC 27030.

Applications that are not complete and/or partially complete will not be considered.

Applications can be submitted by email to beamerr@surry.k12.nc.us.

Applications submitted by mail should include: scholarship application with essay, SAR, sealed transcript, acceptance letter, letter(s) of recommendation, and student/parent agreement, and mailed to:

Mount Airy Surry County Branch-NAUW P O Box 125 Mt Airy, NC 27030

PERSONAL INFORMATION Please type or print clearly in blue or black ink

Student Name:						
Last Name	First Name					MI
Mailing Address	:					
Street address _						
City	County		State		Zip	
Home phone: ()	Work: ()	Cell: ()	
Birth date:		Last 4 d	igits of SS I	No		
Email address: (f		-	Scholarshi	p Committee):	
Permanent Addr application will b	•		,		regarding th	is
Street address: _	City	County	State	Z	^Z ip	
Graduating/Grad						
High School:		Graduation Date:				
City:						

Academic, Scholarship, Leadership, Community, Sports, and Faith Activities: Club, student government, volunteer work etc.

Include approx. number of hours spent in each activity. List the complete name of the

activity, no acronyms, please.

Activity Hours Spent Circle one

 week/month/year/one time only	
 week/month/year/one time only	

Honors Received

Name of Honor Sponsor (school or organization) Year Received

**Essay: What does adversity mean to you? How have you had to overcome adversity in your life? (Please attach response to your application.)

APPLICANT STATEMENT: I/we certify that the information in this application is, to the best of my knowledge, complete and accurate. I understand that false statements on this application will disqualify me from a scholarship. In addition, I/we understand that the information contained in my application may be shared with the scholarship committee, the NAUW Board of Directors, and/or scholarship sponsor. If selected as a scholarship recipient, NAUW Mt Airy Surry County Branch has my permission to use my photograph and any general non-financial information included in this application for publicity purposes. I further certify that, if funds are received, they will be used for the educational purposes for which they are granted. I also give permission for my high school to release any information necessary to process my application.

Applicant's			
Signature	Date		
Parent/Guardian			
Signature	Date		
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