



# NCAZO, INC SCHOLARSHIP FUND

Sponsored by:

North Carolina Association of Zoning Officials, Inc.

## CRITERIA OF QUALIFICATION OF STUDENT APPLICANTS

The Scholarship Fund Committee may establish reasonable and operable procedures and qualifications for determining the selection of the student or students considered as recipients of grants from the Scholarship Fund, provided not in conflict with criteria or guidelines herein stated, and as follows:

The student applicant shall be a member in good standing of the NCAZO or a spouse, son, daughter, stepson, stepdaughter, grandson, or granddaughter of a living or deceased member of the NCAZO.

The student applicant shall agree that the use of grant funds shall be predicated on his or her enrollment or continuance of education in a recognized and/or accredited in state school such as a college, university, trade school, Business College, or as may be acceptable to the Scholarship Fund Committee.

The applicant's need for financial assistance.

The applicant to possess qualities of good character and integrity.

A record of evidence of satisfaction scholastic or school grades, ability, ambition and desire for continuance of education. A minimum overall grade point average of 2.5 is required of current students.

The grant of funds may be utilized by a student for continuation to succeeding year or years upon satisfactory academic progress, subject to review by the Committee. The maximum number of years that funds may be granted a student is four years. All students desiring continuation of funding must make application each year using this form.

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**DEADLINE FOR SUBMITTAL WILL BE JULY 2, 2010**

\*\*\*\*\*

(Name)

APPLICATION DEADLINE: \_\_\_\_\_

Action of the Scholarship Committee

APPLICATION

AMOUNT AUTHORIZED

APPROVED     DENIED

\_\_\_\_\_

This grant is awarded for fiscal year \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTICE TO APPLICANT: Please read thoroughly the "Instructions To Applicant" and the "Criteria of Qualifications" sections of this application.

**\*\* If the applicant is a current member in good standing of the NCAZO and not dependent on parents or guardians for financial support (married or independent) then the applicant is not required to complete the information for "Parents or Guardian".**

Date \_\_\_\_\_

Name in full \_\_\_\_\_

(FIRST)

(MIDDLE OR MAIDEN)

(LAST)

Home address:

\_\_\_\_\_  
NUMBER, STREET.

(CITY)

(STATE)

(ZIP)

Date Of Birth \_\_\_\_\_

Age \_\_\_\_\_

Are you married \_\_\_\_\_ If so, how long \_\_\_\_\_

Number of Children \_\_\_\_\_

If married, give spouse's name \_\_\_\_\_

Applicant's present occupation \_\_\_\_\_

If employed, name of firm \_\_\_\_\_

Address of firm \_\_\_\_\_

Name of Father, (Grandfather (or male guardian) : **(If applicable)** \_\_\_\_\_

Home Address \_\_\_\_\_  
(City) (State) (Zip)

Is he employed by a municipality or county ? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give the name of the municipality, or county \_\_\_\_\_

Is he a member in good standing of the NCAZO ? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position or job \_\_\_\_\_ For how long \_\_\_\_\_

If not, give occupation and where employed \_\_\_\_\_

Name of Mother (or female guardian) : **(If applicable)** \_\_\_\_\_

Home Address \_\_\_\_\_  
(City) (State) (Zip)

Is she employed by a municipality or county? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give the name of the municipality, county where employed \_\_\_\_\_

Is she a member in good standing of the NCAZO ? Yes \_\_\_\_\_ No \_\_\_\_\_

Title of position or job \_\_\_\_\_ For how long \_\_\_\_\_

If not, give occupation and where employed \_\_\_\_\_

I hereby apply for a grant to enable me to (obtain)/(continue) my education at \_\_\_\_\_  
located at \_\_\_\_\_.  
(COLLEGE, UNIVERSITY, TRADE SCHOOL, ETC.)

for session beginning \_\_\_\_\_ 20\_\_\_\_\_ and ending \_\_\_\_\_ 20\_\_\_\_\_

My classification will be (Freshman, Sophomore, Junior, Senior) \_\_\_\_\_

My intended vocation is \_\_\_\_\_

The course of study I plan to major in is \_\_\_\_\_

Name of High School, Preparatory School, College, etc. you have attended or are now enrolled:

School	Location	Dates	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Honors received

\_\_\_\_\_

Professional Societies

\_\_\_\_\_

Clubs or Fraternities

\_\_\_\_\_

Extracurricular Activities

\_\_\_\_\_

Hobbies

\_\_\_\_\_

**ADDITIONAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONFIDENTIAL FINANCIAL STATEMENT: (Include Parents or Guardian if applicable)**

Annual Income and Expenses Estimated \_\_\_\_\_

Income	YEAR 20__	20__	20__
Wages, salaries, tips and other compensation	_____	_____	_____
Father or male guardian	_____	_____	_____
Mother or female guardian	_____	_____	_____
Dividend	_____	_____	_____
Interest	_____	_____	_____
Other	_____	_____	_____
(Social Security, Benefits, Veterans benefits, Welfare, etc.)	_____	_____	_____

Total \_\_\_\_\_

Expenses \_\_\_\_\_

Medical and Dental  
(not covered by insurance) \_\_\_\_\_

Casualty or Theft Losses \_\_\_\_\_

IRS itemized deductions \_\_\_\_\_

US Income Tax Paid \_\_\_\_\_

Other Unusual Expenses \_\_\_\_\_

Total \_\_\_\_\_

**Assets and Liabilities: (Include Parents or Guardian if applicable)**

Home if owned or being purchased

Year Purchased \_\_\_\_\_ Purchase price \$ \_\_\_\_\_

Total	Estimate of present	Unpaid Mortgage
Fire Insurance	Market Value	Principal or Debts
\$ _____	\$ _____	\$ _____

Market value of other real estate owned  
\$ \_\_\_\_\_

Investments (stocks, bonds, and other securities)  
\$ \_\_\_\_\_

Cash, savings and checking accounts  
\$ \_\_\_\_\_

List all outstanding debts: \$ \_\_\_\_\_

Investments (stocks, bonds, and other securities)  
\$ \_\_\_\_\_

Investments (stocks, bonds, and other securities)  
\$ \_\_\_\_\_

Cash, savings and checking accounts  
\$ \_\_\_\_\_

List all outstanding debts: \$ \_\_\_\_\_

Student Applicant's Assets and Benefits

Assets

Savings \$ \_\_\_\_\_

Other (endowments, trusts,  
inheritances, investments, etc.) \$ \_\_\_\_\_

Other Educational Benefits

Social Security Benefits per month \$ \_\_\_\_\_

Veteran Benefits per month \$ \_\_\_\_\_

Other Grants or Scholarships \$ \_\_\_\_\_

Student Applicants Estimated Educational Expenses

Tuition per month \$ \_\_\_\_\_

Book and supplies and fees per month \$ \_\_\_\_\_

Room and board per month \$ \_\_\_\_\_

I solemnly affirm to the correctness of the information in this financial statement

Parent/Guardian's Signature: **(If applicable)**

\_\_\_\_\_

Date \_\_\_\_\_

Student Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### INSTRUCTIONS TO APPLICANT

This application has been prepared as a frank and friendly means of obtaining necessary information regarding the applicant, and the applicant is required to give all information requested. Read the contents carefully and understand each question and all information requested.

Before filling in the Application, draft your answers on an extra application form as your file copy and work sheet. Little consideration will be given to carelessly prepared applications.

Every question and statement must be answered and submitted. Do not answer any question with a check mark. If answer is "none" or "not apply", it should be so stated. If spaces are inadequate for some answers, use separate sheet.

Answers must be neatly TYPED OR PRINTED by applicant with pen and ink.

Place name in proper space on front page of application.

Include a complete financial statement of parents or guardians as provided with this application. Also indicate, by title and amount, any other financial assistance that you will be receiving.

Have mailed directly to the Chair of the Scholarship Committee, ATT:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ N.C.  
\_\_\_\_\_ three (3) letters of recommendation, two (2) of which must be teachers or faculty members.

Have mailed directly to the Chair of the Scholarship Committee, ATT:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ N.C.  
\_\_\_\_\_ an up-to-date copy of your high school or college transcript of academic record.

Return to the Chair of the Scholarship Committee, ATT: \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_ N.C. \_\_\_\_\_ the completed application with any other required submittal or requested information.

Have your ACT or SAT score sent directly to the Chair of the Scholarship Committee, ATT:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ N.C. \_\_\_\_\_

I solemnly affirm to the correctness of the information supplied in this Application, and that I have thoroughly read and understand the "Instructions To Applicant" and the "Criteria of Qualification" as transmitted herewith. If grant is provided, I agree and promise to use it for no other purpose than as set forth in the "Criteria of Qualification".

Applicant's Signature

\_\_\_\_\_