NORTH CARROLL BUSINESS ALLIANCE

$1,000.00 – SCHOLARSHIP APPLICATION

ELIGIBILTY REQUIREMENTS:

1. High school graduate from Carroll County Maryland
2. Earn a high school cumulative GPA of 2.75 (based on 4.0 scale)
3. Original application must be fully completed in ink, not pencil
4. Closing date is **April 19, 2024**
5. Type or print legibly. Additional sheets can be attached, if necessary
6. Use proper names only
7. Two signed letters of recommendation are required by non-family members stating why you should receive our scholarship
8. Copy of ACT/SAT scores and high school ranking
9. Copy of Official Transcript with raised seal
10. Only completed applications will be considered
11. Parent or legal guardian signatures are required
12. If you have any questions, please email cnicholson21784@gmail.com

STUDENT/FAMILY INFORMATION

Student Name:_____ Date of Birth:_____

Address:_____

Father/Legal Guardian Name:_____
Occupation:_____

Mother/Legal Guardian Name:_____
Occupation:_____

Parental Status: _____Married _____Separated _____Divorced

Name and Ages of siblings living at home:

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Family gross annual income:

____$100,000 and over ____$75,000 to $100,000 ____$55,000 to $75,000
____$35,000 to $55,000 ____$35,000

ADMISSION INFORMATION:

1st Choice:_____

2nd Choice:_____

Have you applied for Admission? Yes or NO____ Have you been accepted? Yes or NO____

When do you plan to enter college?_____

What will be your major?_____

Will you receive money from the university or college you plan to attend?_____
If you can estimate the amount:_____

WORK AND VOLUNTEER INFORMATION: (Use separate sheet)

1. Have you held a job while attending high school?
2. What did you do to complete your volunteer hours and how many have you earned?
3. List all awards and/or honors you have achieved.

PAYMENT OF AWARD:

If you are selected to receive this scholarship, an information sheet to be returned to the North Carroll Business Alliance will be given or sent to you. A check will then be sent directly to the college or university. (You must maintain full-time status with 12 or more credits)

CERTIFICATION OF AUTHORIZATION

I hereby certify that all the information in this application is true and complete to the best of my knowledge. I hereby authorize any information on this application to be verified for accuracy. I also give permission to have all the information contained in and submitted with the application disclosed to the North Carroll Business Alliance scholarship committee.

Student Signature:_____ Date:_____

Father/Guadian Signature:_____ Date:_____

Mother/Guadian Signature:_____ Date:_____

*Please print names under lines, if not legible

Checklist:

- Copy of ACT/SAT
- Class Ranking
- Official Transcript
- Work Experience
- Two Letters of Recommendation
- Copy of College Acceptance Letter
- Awards/Honors List
- Volunteer Hours

PLEASE SEND COMPLETED APPLICATION WITH DOCUMENTATION TO:

North Carroll Business Alliance
P.O. Box 580

Manchester, MD 21102
Attention:
Scholarship Committee Chairman
DEADLINE APRIL 19, 2024