



Assistance League of Charlotte Scholarship in Honor of Gary and Margaret Lincoln APPLICATION FORM 2010-2011

Eligibility

- This scholarship is open to graduating seniors in *CHARLOTTE-MECKLENBURG* regardless of age, race, creed, color, sex or national origin.
- Applicant must be applying to attend Central Piedmont Community College (CPC).
- Applicant shall be a US citizen.
- Assistance League of Charlotte members and their relatives are ineligible.

Application Process

Note: Incomplete applications will be disqualified and will not be considered.

- Complete the application form
- Complete the short essay form
- Attach the following to your application form:
 - An official transcript including your senior year 1st semester grades
 - A letter of recommendation from your high school counselor / instructor
 - A one page double-spaced typed essay beginning with "I am the best candidate for this scholarship because ..."
 - A statement of intent to enroll in Central Piedmont Community College (form attached)
 - Authorization to release information (form attached)

Selection Process

Assistance League of Charlotte Scholarship Committee will:

- Review completed applications and select students to interview
- Interview selected students
- Determine final scholarship recipients and award amounts
- Communicate the results to each student

Application Deadline: April 30, 2010

Mail completed application and attachments to:
Assistance League of Charlotte
Attn: Scholarship Committee
PO Box 471112
Charlotte, NC 28247-1112



**Assistance League of Charlotte Scholarship in Honor of Gary and Margaret Lincoln
APPLICATION FORM 2010-2011**

Last Name _____ First Name _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

Email _____ Age _____ Date of Birth _____

How long have you lived in North Carolina? _____ United States Citizen? ___ Yes ___ No

High School you are attending _____

Counselor's Name _____

Father's/Legal Guardian's Name _____

Occupation _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

Mother's/Legal Guardian's Name _____

Occupation _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone (home) _____ (cell) _____

**PLEASE PRINT OR TYPE INFORMATION.
SHORT ESSAYS - PLEASE PRINT OR TYPE INFORMATION**



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Authorization to Release Information

My name/photo may be used for publicity purposes: _____ Yes _____ No

Do not include a photo at this time. A photo will be requested if you are selected as a finalist to be interviewed.

If selected as a scholarship candidate, I authorize my school to provide Assistance League of Charlotte with all student information requested.

Applicant's Signature

Date

Parent(s)/Legal Guardian's Signature

Date



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Statement of Intent to Enroll in Central Piedmont Community College

I intend to enroll in Central Piedmont Community College (CPCC) for the 2010 fall semester if awarded the Assistance League of Charlotte Scholarship in Honor of Gary and Margaret Lincoln. _____ is my anticipated major.

I further understand and accept the following conditions:

- I will complete an interview by the Scholarship Committee.
- The scholarship is contingent upon my acceptance to Central Piedmont Community College.
- I must be enrolled as a full-time student for the 2010-2011 fall and spring semesters.
- I will sign a *Consent to Release Records* form permitting Assistance League of Charlotte to obtain my college grades, enrollment information, and financial aid information prior to payment of the scholarship.
- Assistance League of Charlotte will provide funding not to exceed \$2500 toward tuition, required fees and book costs directly to Central Piedmont Community College. The check(s) will be written to the College.
- I will write Assistance League of Charlotte's Scholarship Committee during each semester about my campus activities.
- I will personally contact a member of the committee during each semester.
- This scholarship will be awarded for no more than one year.
- This scholarship will be cancelled if I do not complete the first semester to the satisfaction of the College
- I will not be required to repay this scholarship.
- If I withdraw before completion of the year's work, any refunds from Central Piedmont Community College will be returned to Assistance League of Charlotte

Assistance League of Charlotte reserves the right to cancel this scholarship offer if the Statement of Intent is not signed and returned with the application to:

Assistance League of Charlotte
Attn: Scholarship Committee
PO Box 471112
Charlotte, NC 28247-1112

Applicant's Signature – Full Name

Date

Parent(s)' / Legal Guardian's Signature
(Required if Applicant is under age 18)

Date