Tracking Number_____ (OFFICE USE ONLY)

Unit Name:			
Dates of Service in the Eligible	. Unit:		
Rank: Number of	Dependents:	Pu	rrple Heart: YES / NO
APPLICANT INFORMATION			
Name:			
Last	First		vliddle
Street Address:			
City:		State:	ZIP:
Phone: Home / Cell:		Work / Cell:	
Email address:			
Date of Birth:	Place of	Birth:	
Gender: (M/F):	Applican	t's SSN:	
Applicant's Relationship to Sp	onsor:		
SPONSOR INFORMATION			
Name:			
Last	First	N	/iddle
Street Address:			
City:		State:	ZIP:
Home / Cell:		Work / Cell:	
Email:			

North Carolina Air Force Family Scholarship Application

Tracking Number_____ (OFFICE USE ONLY)

North Carolina Air Force Family Scholarship Application

HIGH SCHOOL/COLLEGE/UNIVER	SITY INFORMAT	ION		
High School:		Graduati	on Date:	
College level you will be entering in	the Fall of 2021: F	R SOPH_	JR	SR
College you attend/plan to attend: _				
Address of school:				
Is this an online program? Y	es No			
Full time student? Yes	_No If NO, #	# of credits per	semester	
Major Field of Study:				
List all High Schools, Universities, Co	lleges and Technic	al Schools you	have previo	ously attended.
School:				_
City:	State:	Dates:	to	Degree:
School:				
City:	State:	Dates:	to	Degree:
GRADE POINT AVERAGE				
HS GPA: weighted /	un-weighted (circ	le one)	College (GPA:
SAT / ACT Scores				
SAT: Date:		ACT:		_Date:
If you intend to retake the SAT or AC the NCAFS committee NLT April 15, 3	-	r future the up	dated result	ts must be received by
CLASS RANKING				
High School Rank of	total stud	lents		
N/A (check here if your	school does not ra	ank or you have	e been out c	of school > 5 years)

SCHOOL AND COMMUNITY ACTIVITIES

Using the table below, list extracurricular, organized sports, community and religious activities in which you participated during the last 4 years. List the activities in order of importance to you. If you would like to prepare a biography and attach it to the application that will be acceptable.

ΑCTIVITY	# YEARS	LEADERSHIP POSITIONS, AWARDS & RECOGNITION

WORK EXPERIENCE

Using the space below, please list any volunteer or paid work experiences during the past 4 years beginning with you most recent position.

EMPLOYER	NATURE OF WORK	DATES OF EMPLOYMENT	HRS / WK

LIST ANY ADDITIONAL INFORMATION YOU FEEL IS PERTINENT TO THIS APPLICATION

EXAMPLES: Home schooling, child rearing, taking care of exceptional family members, special needs children, aging parents or if you are a single parent.

PLEASE COMPLETE A TYPED ESSAY RESPONSE TO THE FOLLOWING QUESTION ON A SEPARATE PAGE (S) NOT TO EXCEED 500 WORDS.

What do you consider to be the single most important societal problem? Why?

STATEMENT OF CERTIFICATION (BOTH SIGNATURES ARE REQUIRED):

I certify the information provided in this application is accurate and complete to the best of my knowledge. I understand failure to provide full documentation or falsification of credentials will result in disqualification of this application. I agree to provide, if requested, official documentation to verify information reported on this application. In the event I receive a scholarship award and elect not to attend school during the calendar year, I will immediately return the award to the NC Air Force Scholarship. I also understand the decision of the committee is final.

Applicant's Signature	SSN	Date
NC Scholarship Sponsor's Signature	SSN	Date

SSN Disclosure: Furnishing your SSN is voluntary. However, failure to do so, may result in inability to verify your dependent status and eligibility for the scholarship award.

Applicant's Name:				
	Last	First	N	1iddle
Address:	Street	City	State	Zip
Current S	chool:			

Reference Evaluation Form

What are the applicant's strengths? Comment on the applicant's character, responsibility, leadership, integrity, motivation, community service, work ethic, and any other characteristics that make this student special.

Based upon your contact with the applicant, do you	believe that he / she demonstrates the ability to
perform well and complete college? Yes	No
How long have you known the applicant?	Are you related? Yes No
Identify you relationship to the applicant:	
Name:	_ Position:
Nume	
Signature:	Date:

Please return directly via email to <u>www.AFFSP.org</u> or to the address below post marked no later than April 15, 2021

NC Air Force Scholarship Committee PO Box 1003 Goldsboro, NC 27533

NC Air Force Scholarship Disbursement Form

If you are awarded the NC Air Force Family Scholarship, funds will be sent directly to your institution or a 529 College Savings Account. Please provide the following information in order to receive your funds. Failure to provide this information may result in forfeiture of your scholarship money.

Recipients Full Name:		
City:	State:	Zip:
Email:		
Phone Number:		
Institution:		
Street address:		
City:	State:	Zip:
Phone Number:	Student ID Number:	
529 College Savings Institution:		
Street address:		
City:	State:	Zip:
529 Account Number:		

CHECKLIST

- 1.____Complete Application
- 2.____Signed Statement of Certification
- 3.____Attach SAT / ACT Scores
- 4.____Attach Official School Transcripts
- 5.____Attach Class Rank Documentation (if not included in transcripts)
- 6.____Attach Essay
- 7.____Include signed NC Air Force Scholarship application form
- 8.____3 sealed letters of recommendation received by application deadline
- 9.____Funds Distribution Form

Mail the completed application and all accompanying information and documentation, must be received no later than April 15, 2021 to: <u>www.AFFSP.org</u> or to:

NC Air Force Family Scholarship Committee PO Box 1003 Goldsboro, NC 27533

Thank you and Good Luck!