

**REVISED 12/09 NORTH CAROLINA BAR ASSOCIATION SCHOLARSHIP
APPLICATION OF CHILDREN OF
SLAIN OR PERMANENTLY DISABLED LAW ENFORCEMENT OFFICERS**

You may use this application to apply for a scholarship available from a fund created by the North Carolina Bar Association if you meet the standards set forth below:

ELIGIBILITY:

- 1. You are the natural or adopted child of a North Carolina law enforcement officer who was killed or permanently disabled in the line of duty.*
- 2. You must make your first application before you reach your 27th birthday.*
- 3. At the time you receive the scholarship, you must be enrolled or accepted as a full-time student for admission in a college, vocational training school or other educational institution, approved by the Scholarship Committee of the Young Lawyers Division of the North Carolina Bar Association.*

The amount awarded will depend upon many factors, including the amount available for awards, the number of applicants and the cost of the institutions including living arrangements, tuition and other sources of funding. Each application will be reviewed by the YLD Scholarship Committee on a year-by-year basis. A renewal application must be submitted each year. The Scholarship Committee cannot assure any applicant that he/she will receive an award for any certain amount, whether a first-time or renewal applicant.

MANNER OF APPLICATION:

*Applicant should complete Parts I-VII and send them ****with your most recent academic transcript**** to the Scholarship Committee at address denoted below, as soon as possible, no later than Thursday, April 1, 2010.*

- 1. Please forward your final transcript for the academic school year to the scholarship committee no later than June 15, 2010 [unless special arrangements have been made .*
- 2. If questions, contact Jacquelyn Terrell, YLD Staff Liaison, at jterrell@ncbar.org or 1-800-662-7407.*
- 3. MAIL TO: ATTN: YLD SCHOLARSHIP COMMITTEE, PO Box 3688, Cary, NC 27519*

1. Applicant should immediately deliver Part VIII to the appropriate Financial Aid Officer of the college or school he or she plans to attend, with the request that the Financial Aid Officer complete the information requested and forward to the Scholarship Committee at above address no later than Thursday, April 1, 2010.

2. The North Carolina Bar Association Young Lawyers Division Scholarship Committee requires at minimum a 2"x3" photograph of each scholarship recipient for use with publicity.

3. The North Carolina Bar Association Young Lawyers Division Scholarship Committee may require an interview before the scholarship is awarded.

4. The North Carolina Bar Association Young Lawyers Division Scholarship Committee reserves the right to reevaluate awards at anytime if a student's curriculum changes, learning institution changes or if the student's academic performance becomes questionable. The Scholarship Committee reserves the right to reject applications that are not completed in full.

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**NORTH CAROLINA BAR ASSOCIATION
SCHOLARSHIP APPLICATION
2010-2011**

PART I

TELL US ABOUT YOURSELF

*(You must fill in using a **black pen or type your answers**; otherwise, the application may be rejected.)*

Full Name _____

Call Name _____

Home Address _____
Street City State Zip Code County

Telephone Number () _____ **e-mail address:** _____

Date of Birth _____
month day year

Social Security Number _____

Sex () Male () Female

Marital Status () Single () Divorced () Married () Separated

How many children do you have and support? _____

Are you currently employed? _____

If so, where & contact information? _____

Hours worked per week _____ **Hourly wage** _____

Will you continue to work after enrollment in school? Yes* No

***If so, hours expected to work per week** _____ **expected income per week** _____.



PART II [School Year 2010-2011]

TELL US ABOUT YOUR PAST AND CURRENT EDUCATION

A. If you are presently attending high school:

Name of School: _____

Address: _____

Date of Graduation: _____ **Name of Guidance Counselor:** _____

Guidance Counselor Telephone Number: () _____

B. If you already have graduated from high school, please state the name and address of the high school you graduated from and year/date of graduation.

Name of School: _____

Address: _____ **Date of Graduation:** _____

C. If you are not presently attending high school and you did not graduate from high school, please state the last grade of school completed and the name and address of high school last attended.

Last grade completed: _____

Name of School: _____

Address: _____

Did you receive a GED (General Education Development) Certification? () Yes () No

If yes, when did you receive the GED Certificate? _____

From what program? _____

Describe any other educational program (including name of program and location) you may have attended, completed or are presently attending (for instance: trade school or college).

Dates attended: _____

Please enclose an official academic transcript that includes your last fully completed academic year. If additional information is needed, you will be notified.

PART III [School Year 2010-2011]

What school are you planning to attend? _____

Address of School: _____

City, State, Zip Code: _____

Telephone Number of School: () _____

Have you been notified of acceptance at the school? _____

****Which quarters or semesters will you be attending during the period covered by this application? [Funding is from May 2010 – May 2011]****

Summer 2010 *Fall 2010*

Spring 2011 *Summer 2011*

Prospective Date of Graduation: _____

Will you be considered a full-time student? *yes* *no*

Will you be considered a part-time student? *yes* *no*

Are you classified as an undergraduate student? *yes* *no*

Are you classified as a graduate student? *yes* *no*

Are you considering graduate school immediately after undergraduate work? *yes* *no*

How did you find out about this scholarship? _____

Please list any special resources you used to find scholarship money? _____

What will be your class designation during this period?

- freshman* *sophomore*
 junior *senior*
 graduate student



What do you anticipate your expenses will be in order for you to go to school? Please itemize your expenses. Indicate whether they are shown by quarter _____ or by semester _____. (check one)

1. Tuition _____
Each Quarter or Semester

2. Room and Board _____
Each Quarter or Semester

3. Books _____
Each Quarter or Semester

4. Other - Please describe in detail other expenses you will incur related to school attendance (such as travel, equipment, supplies, etc.).

Each Quarter or Semester

How much money is available to you for your education?

1. Other scholarships received (describe) _____

2. Other scholarships you have applied for and are waiting for a decision (describe)

3. Name any loans applied for and/or received (see # 5 on next page).

4. Family (describe) _____

5. Work (describe) _____

6. Loans (describe those you have applied for/and current status - i.e.: dollar amount, denied or pending)

PART IV [School Year 2010-2011]

****This portion must be filled in to be eligible for consideration.****

Please use this page to tell us about yourself, for example, extracurricular activities, special interests, or your special achievements. Also, tell us how you will use this scholarship, and why the scholarship is needed.

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PART V [School Year 2010-2011]

TELL US WHY YOU ARE ELIGIBLE FOR THIS SCHOLARSHIP

Full name of parent upon whom eligibility is based: _____

Check one: Deceased _____ or Permanently Disabled _____

Name, Address and Telephone Number of Law Enforcement Agency parent was employed with at the time of death or permanent disability: _____

Did parent's death or disability occur in the line of duty? _____

Dates of parent's employment: _____ Date of parent's death (if applicable): _____

Date of parent's permanent disability (if applicable): _____ Nature of disability _____

PART VI

TELL US ABOUT YOUR FAMILY

Father (if living)

Name _____ Address _____
[city, state, zip]

Employment _____ Work Phone _____
Hours per Week _____ Income: Hourly wage: _____ or Salary per year _____

Mother (if living)

Name _____ Address _____
[city, state, zip]

Employment _____ Work Phone _____
Hours per Week _____ Income: Hourly wage: _____ or Salary per year _____

Step-parents (if applicable)

Name _____ Address _____
[city, state, zip]

Employment _____ Work Phone _____
Hours per Week _____ Income: Hourly wage: _____ or Salary per year _____

How many brothers and sisters are in your family? _____

What are their ages? Brothers _____ Sisters _____

Have any of these brothers or sisters been awarded a scholarship through this program? _____

If so, list by name: _____



PART VII

STUDENT CERTIFICATION, AUTHORIZATION AND AGREEMENT

I CERTIFY that the information reported in this application for scholarship and any attachments submitted herewith are true, correct, and complete to the best of my knowledge. I authorize use of information on this form by the North Carolina Bar Association Young Lawyers Division Scholarship Committee. I authorize the release and exchange of information to, by and between the North Carolina Bar Association Scholarship Committee and educational institutions; and I agree that such information released and/or exchanged may include financial, enrollment, academic status and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Scholarship Committee and institutional program administrators. I have read the eligibility requirements of this scholarship program and agree to the conditions stated herein.

*Date application delivered or
forwarded to school Financial
Aid Office*

Applicant's Signature

Date of Signature

RELEASE AND EXCHANGE OF INFORMATION AUTHORIZATION

[School Year 2010-2011]

I authorize the release and exchange of information to, by and between the North Carolina Bar Association Scholarship Committee and _____ (name of parent's employer at time of death or disability); and I agree that such information released and/or exchanged may include such information as may be necessary to confirm the death or permanent disability in the line of duty of the parent upon whom this scholarship application is based and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Scholarship Committee.

Signature of

(check one)

Disabled Parent _____

OR

Surviving Parent _____

Date of Signature



SAMPLE CONFIRMATION LETTER
BY
LAW ENFORCEMENT AGENCY ON
SPECIFIC LAW ENFORCEMENT LETTERHEAD

Date

{Below is to whom the letter should be addressed}

*Young Lawyers Division Scholarship Committee
c/o Jacquelyn Terrell, YLD Staff Liaison
NC Bar Association
P.O. Box 3688
Cary, N.C. 27519*

Dear North Carolina Bar Association YLD Scholarship Committee:

[Parent's name that was employed] was employed with the [name of law enforcement agency] from [date of employment] when he/she left with a [reason for leaving permanent/disability/death]. This {disability/death} followed [short synopsis of reason and that it was in the line of duty.]

Sincerely,

[Signature by appropriate person who would confirm disability or death of parent]

**NOTE: FINANCIAL AID OFFICER MUST COMPLETE AND RETURN
NO LATER THAN THURSDAY, APRIL 1, 2010**

**NORTH CAROLINA BAR ASSOCIATION SCHOLARSHIP APPLICATION
[School Year 2010-2011]**

PART VIII

Name of Student _____

Student's Social Security Number _____ Student's Telephone Number _____

Student's Home Address _____
[city, state, zip]

I authorize the release and exchange of information to, by and between the educational institution I am attending or plan to attend and the North Carolina Bar Association Scholarship Committee. I agree that such information released and/or exchanged may include financial, enrollment, academic status and such other information as may be necessary to assure proper administration of student scholarship grants by the North Carolina Bar Association Scholarship Committee and educational institutions program administrators.

Student's Signature _____ Date _____

Parent's Signature if student is under age 18 _____

SCHOOL CERTIFICATION

1. Name of School _____

2. Name and title of school official the North Carolina Bar Association may contact regarding above-named student _____

3. Telephone number of above school office () _____

4. The school operates on a () Semester () Quarter or () Other basis
If other, describe _____

5. Is this student accepted for enrollment at your institution? () Yes () No

6. Is the student currently enrolled and attending your institution? () Yes () No

7. If enrolled, is the student maintaining satisfactory progress in a course of study at your institution?
() Yes () No

8. If not accepted, is the student on a waiting list for acceptance? () Yes () No

When do you expect to make a decision regarding the student's acceptance? _____



**NOTE: FINANCIAL AID OFFICER MUST COMPLETE AND RETURN
NO LATER THAN THURSDAY, APRIL 1, 2010**

9. If the student is not yet enrolled, the next term in which this student will be enrolled begins on _____

10. Type of School () College () Vocational School () Other -(describe)

11. Please supply the following financial information and indicate whether it is pertaining to this student for the current semester _____, or for the current quarter _____, or current year _____.

EXPENSES

RESOURCES

Tuition/Fees _____

Family, Student Contribution _____

Room/Board _____

Scholarship/Grants (list below):

Books _____

1) _____ \$ _____

2) _____ \$ _____

Miscellaneous _____

3) _____ \$ _____

Work Study _____

Other _____

Total \$ _____

Total \$ _____

12. Was the student considered a dependent or self-supporting student for federal aid purposes? _____

I CERTIFY that the information given above is true, complete and correct to the best of my knowledge and belief.

Authorized Signature

Title

Date

**NOTE SCHOOL ADMINISTRATOR - Please return this completed form by THURSDAY, April 1, 2010 to:
ATTENTION: YLD SCHOLARSHIP COMMITTEE
North Carolina Bar Association
Post Office Box 3688
Cary, North Carolina 27519**

If you have any questions regarding the application, please call Jacquelyn Terrell at the North Carolina Bar Association, at jterrell@ncbar.org or call 1-800-662-7407 or 919-677-0561.