





# Personal Information

(Must be completed for all categories)

\_\_\_\_\_

Application for academic year

Applicant's Name

Social Security Number

Address

Birth date

City

State

Zip Code

County

( )

Home Telephone Number

Mother's Name

Father's Name

## SEANC Membership Information

SEANC Member's Name

Social Security and/or Member ID Number (from membership card)

Address

City

State

Zip Code

( )

Work Telephone Number

Employer

Occupation

Relationship to Applicant

Member of SEANC District \_\_\_\_\_ Member since \_\_\_\_\_

I have read and understand the conditions specified on the cover page of the SEANC scholarship application.

Applicant's signature

Date

**(FOR THE APPLICANT)**  
**FOR CATEGORY I USE ONLY**

- You must include your final (number without asterisk\*) EFC number.
- This could take 6-8 weeks for processing by the federal government, so it is very important that you begin the process to secure this number as soon as possible. This should be your first step in completing this application.
- Failure to provide this Student Aid Report (SAR), which contains the EFC number, will result in disqualification.
- The following link can be used to secure additional information:  
[cfnc.org](http://cfnc.org) (*College Foundation of North Carolina*)

ATTACH A COPY OF THE  
STUDENT AID REPORT (SAR),  
WHICH IS PART OF THE FEDERAL  
STUDENT AID PROGRAMS  
INFORMATION SUMMARY



# Applicant General Information

(Must be completed for all categories)

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Name of school you currently attend or plan to attend

\_\_\_\_\_  
Address of school

\_\_\_\_\_  
Date Applied

\_\_\_\_\_  
Career Objective

List high schools and other schools you have attended, giving addresses, dates of attendance, graduation information, and degrees earned if applicable.

<b>EDUCATION</b>						
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED      College 1 2 3 4      Graduate School 1 2 3 4						
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name/Location	Dates Attended (mo/yr)	Grad?	S/Q Hours	Maj/Min Coursework	Type of Degree Received
		From      To				
High School			Yes No			
College/ University			Yes No			
Graduate or Professional			Yes No			
Other educational, vocation schools, internships, etc.			Yes No			

**Must be completed for all categories**

List any other grant(s) or scholarship(s) and the amount(s) for which you have applied (not loans).  
Indicate below if you have been notified of an official award.

Name of Grant/Scholarship	Amount/Year	Official Notification		
		Approved	Denied	Do Not Know
1				
2				
3				
4				

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Use the following section to show all anticipated costs associated with attending school for the next year.

<u>Anticipated Costs</u>	<u>Amount</u>
Tuition and fees	\$ _____
Books and Supplies	\$ _____
Room	\$ _____
Board	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Category I and II:**

List activities and leadership positions in school.

**Category III:**

Also include activities and leadership positions in SEANC at both local and state levels. Please list in order of perceived importance.

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List honors (scholastic, citizenship, artistic, etc.), awards, and/or recognitions received.

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List hobbies and/or special interests.

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List other activities or significant responsibilities in community. (Applicants who are employed full-time may use this section to include additional information.)

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**Categories I and II ONLY:**

Have you been employed part-time during school and/or during summer breaks? \_\_\_\_\_

List your jobs and the average number of hours worked per week.

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# Transcript Request Form

(Must be completed for Categories I, II, and III)

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Applicant's Name

To the Transcript Officer:

I am applying for a SEANC scholarship. I request that the following information be released to the addressee below:

1. A copy of the applicant's complete academic record: (including high school and college if applicable) (a) a transcript for work completed, and (b) a listing of the courses in which he or she is currently enrolled. Please print and complete additional copies of this form as needed.
2. Grade Point Average: \_\_\_\_\_ Weighted GPA: \_\_\_\_\_ Unweighted GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_
3. Pertinent test scores:  
Highest Combined SAT: \_\_\_\_\_ Highest ACT: \_\_\_\_\_

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**Please return as soon as possible, but NO LATER THAN APRIL 15 to:**

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at [www.seanc.org](http://www.seanc.org).

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Scholarship Chairman

SEANC District

---

Address

---

City

State

Zip Code

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Signature of Applicant

Date



**(FOR SEANC DISTRICT USE ONLY)**

SEANC DISTRICT SCHOLARSHIP  
CHAIRMAN SHOULD ATTACH COPY  
OF TRANSCRIPT HERE AFTER  
IT IS RECEIVED FROM THE  
GUIDANCE OFFICE AT THE  
RELEVANT INSTITUTION.





# Recommendation

(Must be completed for Categories I and II ONLY)  
(Two recommendations required)

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Applicant's Name

**Please return this form as soon a possible, but NO LATER THAN APRIL 15 to:**

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at [www.seanc.org](http://www.seanc.org).

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Scholarship Chairman

SEANC District

---

Address

City

State

Zip Code

## **DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE**

Applicant should give recommendation forms to at least two of the following:

- a. A principal, counselor, or teacher who knows you well and can knowledgeably complete a recommendation for you.
- b. Employer, supervisor, or someone in the community who knows you well and can knowledgeably complete a recommendation for you.

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The applicant named above is applying for a SEANC scholarship, which is available for SEANC members, their spouses, and dependent children of members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation. Final selections are made on the basis of the criteria described below.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon academic performance, financial need and additional criteria, including character, school and community activities, ability to express himself/herself in written form, personal motivation and leadership potential. Some of the applicants are applying for merit scholarships. In such cases, financial need is not a factor in selection.

## Continuation of Recommendation for Categories I and II

1. What relationship (teacher, employer, etc.) are you to the applicant? How long have you known him/her? \_\_\_\_\_  
 \_\_\_\_\_

2. Please rank the applicant on the following traits in comparison with other students of your acquaintance at the same level of experience and training.

	Highest 10%	Next Highest 20%	Middle 40%	Next Lowest 20%	Lowest 20%
Intellectual ability					
Written expression					
Motivation/perseverance					
Ability to work with others					
Potential as a leader					
Originality/creativity					

In the space below, add comments concerning strengths and weaknesses of the applicant that should be considered.

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Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Work Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

# Recommendations

(Must be completed for Category III)  
(Three recommendations required)

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\_\_\_\_\_  
Applicant's Name

In order for you to be considered for a SEANC scholarship, your application, together with three supporting recommendations, must be on file with the SEANC district screening committee by April 15.

You should give a recommendation form to:

1. A SEANC member who knows you well and who can knowledgeably complete a recommendation for you.
2. Your employer or supervisor who knows you well and can knowledgeably complete a recommendation for you.
3. Someone in the community who knows you well and can knowledgeably complete a recommendation for you.

List the names of three people (required) who will be completing recommendation forms for you. Before distributing the forms, please write the name and address of the District Scholarship Chairman in the spaces provided on each form. Please ask your references to mail the form as soon as possible and follow up to make sure the required references have been mailed and/or received by the district scholarship chair.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name





# SEANC Member's Recommendation

(For use in Category III ONLY)

\_\_\_\_\_  
Applicant's Name

**Please return this form as soon as possible, but NO LATER THAN APRIL 15 to:**

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at [www.seanc.org](http://www.seanc.org).

\_\_\_\_\_  
Scholarship Chairman

\_\_\_\_\_  
SEANC District

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## **DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE**

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairman listed above.

**1.** What committee(s) or SEANC project(s) have you worked on with the applicant? (include SEANC awards and accomplishments)

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

**2.** In the space below, please explain why you feel this person should receive a scholarship.

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

## Continuation of Recommendation

3. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered.

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Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

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Signature

Date

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Name

Title

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District

---

Address

City

State

Zip Code

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( )

( )

Work Telephone

Home Telephone



# Employer Recommendation

(Must be completed for Category III ONLY)

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Applicant's Name

**Please return this form as soon as possible, but NO LATER THAN APRIL 15 to:**

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at [www.seanc.org](http://www.seanc.org).

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Scholarship Chairman

SEANC District

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Address

City

State

Zip Code

## **DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE**

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairman listed above.

**1.** What is your relationship to the applicant? How long have you known him/her?

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**2.** In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered and why you feel this person should receive a scholarship.

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### Continuation of Recommendation

Please rank the applicant on the following traits in comparison with other employees with the same level of experience and training.

	<b>Highest 10%</b>	<b>Next Highest 20%</b>	<b>Middle 40%</b>	<b>Next Lowest 20%</b>	<b>Lowest 20%</b>
Intellectual ability					
Written expression					
Motivation/perseverance					
Ability to work with others					
Potential as a leader					
Originality/creativity					

Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

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Signature Date

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Name Title

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Address City State Zip Code

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( ) ( )

Work Telephone Home Telephone

# Personal Recommendation

(Must be completed for Category III ONLY)

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\_\_\_\_\_  
Applicant's Name

**Please return this form as soon as possible, but NO LATER THAN APRIL 15 to:**

To obtain the information below, contact the SEANC Scholarship Department at 800-222-2758 or 919-833-6436 or visit the SEANC Web site at [www.seanc.org](http://www.seanc.org).

\_\_\_\_\_  
Scholarship Chairman

\_\_\_\_\_  
SEANC District

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## **DO NOT MAIL THIS FORM TO THE SEANC CENTRAL OFFICE**

The applicant named above is applying for a SEANC scholarship, which is available for SEANC members. Selection of candidates is made by SEANC screening committee members and the Board of Directors of the SEANC Scholarship Foundation.

Your assistance is needed in judging this candidate. Recommendations are a key part of the application process and are read and analyzed with great care. They should, therefore, be carefully prepared and as descriptive as possible.

The selection of SEANC scholarship recipients will be based upon SEANC involvement, career objectives, and ability to express himself/herself in written form, personal motivation and leadership potential. Recommendations play a vital role in the selection process, so please complete this form and return it to the SEANC District Scholarship Chairman listed above.

**1.** What is your relationship to the applicant? How long have you known him/her?

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

**2.** In the space below, please explain why you feel this person should receive a scholarship.

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

### Continuation of Recommendation

3. In the space below, make comments concerning strengths and weaknesses of the applicant that should be considered. (Include SEANC awards and accomplishments.)

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Recommendation: (Check one)

- The applicant has my highest recommendation.
- I recommend the applicant with confidence.
- I recommend the applicant with some reservations.
- I do not recommend the applicant.

---

Signature

Date

---

Name

Title

---

Address

City

State

Zip Code

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Work Telephone

Home Telephone

**FOR DISTRICT USE ONLY: (Scholarship Chairman must verify membership)**

I hereby certify that \_\_\_\_\_

is a member in good standing of SEANC District \_\_\_\_\_ .

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Signature District Scholarship Chairman

Date

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**Note to District Scholarship Chairmen: If you need assistance verifying membership for applicants or their parents, please call the Scholarship Department at the SEANC Central Office between 8 a.m. and 5 p.m. at 919-833-6436 or 800-222-2758.**



# Scholarship Application Checklist

(Completed by District Scholarship Chairman)

**APPLICANT'S NAME:** \_\_\_\_\_

**SEANC DISTRICT:** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_ (I=Financial Need; II=Merit; III=Member Only)

**SCHOOL NAME:** \_\_\_\_\_

Item	Date Received/Confirmed	Notes
<b>Application</b>		
SEANC membership/district number confirmed		
Number of years in SEANC		
School student will be attending		
Career objective		
SAT/ACT score		
Weighted GPA		
Unweighted GPA		
Class Rank (# ___ of # ___)		
<b>Transcripts</b>		
High School (for graduating seniors only)		
College		
<b>Personal Statement</b>		
Recommendation #1 (Cat. I, II, & III)		
Recommendation #2 (Cat. I, II, & III)		
Recommendation #3 (Cat. III only)		
Notified Applicant that references not received		
<b>Federal Student Aid Report (Category I only)</b>		
Final EFC # (without an asterisk)		
<b>Date applicant notified of missing documents</b>		
<b>Application complete date</b>		

## VERIFICATION

District Scholarship Chairman Signature/Date \_\_\_\_\_

District Chairman Signature/Date \_\_\_\_\_