

**2022**

**Charter High School**

**Scholarship Application**

**Please complete all information on this form. Application must be returned as a Word document only.**

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| **Personal Information** | | | | | | | | | | |
| **First Name** |  | | | | **Middle Name** | |  | **Last Name** | |  |
| **Social Security Number (Example: 000-00-0000)** | | | | | | |  | | | |
| **Home Street Address/Mailing Address** | | | | | | |  | | | |
| **City** |  | | | | **State** | | **NC** | **Zip Code** | |  |
| **Telephone # (*Example: 000-000-0000*)** | | | | | | |  | | | |
| **Gender:** | | | | | | |  | | | |
| **Race/Ethnicity:** | | | | | | |  | | | |
| **GPA - Weighted** | | | | | | |  | | | |
| **GPA - Unweighted** | | | | | | |  | | | |
| **Permanent E-mail** | | | | | | |  | | | |
| **Have you submitted your FAFSA?** | | | | | | |  | | | |
| **Demonstrated Financial Need?** | | | | | | |  | | | |
| **If your parent/ guardian works in the public sector field, which area?** | | | | | | |  | | | |
| **Are you a first-generation university student?** | | | | | | |  | | | |
| **Do you have additional immediate family members in college currently? If so, please list how many.** | | | | | | |  | | | |
| **Please choose all applicable financing methods you are using to pursue your education:** | | | | | | | **College Work Study**  **Family Assistance**  **Full Time Work**  **Part-Time Work**  **Loan**  **Pell Grant**  **Personal Savings**  **Scholarship**  **Other** | | | |
| **Membership Information** | | | | | | | | | | |
| ***In order to be eligible for the SECU “People Helping People” scholarship, you must either be an SECU member or be eligible for membership through a parent/guardian as of the date of submission of application. Please note, you will be required to provide proof of eligibility if you are selected as a recipient.*** | | | | | | | | | | |
| **Are you currently a member of SECU?** | | | | | | |  | | | |
| ***If you are a current SECU member, skip to the “University Information” section*** | | | | | | | | | | |
| **If you are not currently a member of SECU, but are eligible for membership, please list how you are eligible:** | | | | | | |  | | | |
| **Parent/Guardian Member’s First Name** | | | | | | |  | | | |
| **Parent/Guardian Member’s Last Name** | | | | | | |  | | | |
| **Parent/Guardian Member’s Social Security Number** | | | | | | |  | | | |
| **University Information** | | | | | | | | | | |
| **University Attending *(Use Drop Down & Attach Copy of Acceptance Letter)*** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Intended Major** | | | |  | | | | | | |
| **High School Information** | | | | | | | | | | |
| **High School Name** | | |  | | | | | | | |
| **High School Street Address** | | | | | | |  | | | |
| **City** | |  | | | **State** | | **NC** | **Zip Code** |  | |
| **Contact Person for High School** | | |  | | | | | | | |
| **Contact Person E-mail** | | |  | | | | | | | |
| **Date of Awards Ceremony** | | |  | | | **Time of Awards Ceremony** | |  | | |
| **Location of Awards Ceremony** | | |  | | | | | | | |

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| COMMUNITY INVOLVEMENT ESSAY |  |
| The purpose of the “People Helping People” Scholarship is to recognize leadership, integrity, and community involvement in addition to academic achievement.  How have you contributed to your community (community projects, mission work, or volunteerism)? Please give examples identifying type and length of service. Explain how these activities were significant opportunities for you.  *Use the blank field on this page to complete your response.* |  |
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