

# Gastonia Community Watch Association Scholarship Application

## *Section A:*

NAME \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address County City/State/Zip

Telephone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Daytime Evening

Occupation \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse's Name and Occupation \_\_\_\_\_

Do you have any legal dependants who get more than half their support from you? \_\_\_\_\_

Are you a veteran of the U.S. Armed Forces? \_\_\_\_\_

What Community Watch are you a member of? \_\_\_\_\_

*Section B:*

What educational institution are you currently attending?

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Name	Street Address	County	City/State/Zip
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What educational institution do you plan to attend?

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Name	Street Address	County	City/State/Zip
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When do you expect to complete your degree? \_\_\_\_\_

What will be your year in school? \_\_\_\_\_

Freshman\_\_\_\_ Sophomore\_\_\_\_ Junior\_\_\_\_ Senior\_\_\_\_

Have you received a scholarship from another source? \_\_\_\_\_  
If so, how much? \_\_\_\_\_

**ACTUAL DOLLARS AND SOURCE OF FUNDS AVAILABLE TO YOU (AND YOUR SPOUSE) FOR EDUCATIONAL PURPOSES:**

Per semester/quarter-

Wages (full or part time)	\$ _____
Parent/Spouse	\$ _____
Scholarships	\$ _____
Loans	\$ _____
Other Sources (Identify)	\$ _____
TOTAL	\$ _____

ACTUAL EXPENSES

PER Semester/Quarter

Tuition Fees \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Living Expenses \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

I attest that all information is correct and accurate.

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Applicant Signature

Date

Please return this completed application along with the following:

1. Letter of endorsement from your Community Watch President.
2. Transcripts of grades.
3. Two (2) letters of recommendation.

Mail To:

Shirley Cooper  
1013 N. Broad Street  
Gastonia, NC 28054

APPLICATIONS MUST BE POSTMARKED BY: February 28, 2010