THE TWO HUNDRED CLUB OF WAKE COUNTY SCHOLARSHIP

APPLICATION FOR

FINANCIAL AID FOR COLLEGE OR VOCATIONAL EDUCATION

(for the Child or Spouse of a First Responder Who Lived or Worked in

Wake County and Who Died in the Line of Duty)

Completed Applications should be mailed to:

The Two Hundred Club of Wake County

Attn: Scholarship Committee

3739 National Drive, Suite 202

Raleigh, North Carolina 27612

Please note the following requirements relating to the Scholarship Program of The Two Hundred Club of Wake County (“The Two Hundred Club”). (The applicant should place his/her initials where indicated to confirm his/her understanding of each of these requirements):

|  |  |
| --- | --- |
| Applicant adds his/her initials below: |  |
|  |  |  | ● Signature Needed in Two Places. The applicant must sign this application in two places: first on Page 4 and secondly on Page 5, the Authorization Form.  |
|  |
|  |  |  | ● Amount of Financial Aid. The amount of any financial aid award will depend upon many factors, including the amount available for awards under The Two Hundred Club’s annual budget, the number of applicants, and the costs to be incurred by the applicants, including tuition, books and fees, room and board, and other related expenses.  |
|  |
|  |  |  | ● Academic Transcript. The applicant must provide The Two Hundred Club (at the time this application is submitted) with the Academic Transcript for the last completed academic quarter/semester/year. Renewal of the scholarship is conditioned on making satisfactory progress in his or her college/vocational education program. |
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|  |  |  | ● Right to Re-evaluate. The Scholarship Committee of The Two Hundred Club reserves the right to re-evaluate any financial aid award at any time. The applicant is responsible for advising the Scholarship Committee of The Two Hundred Club if there is any change in the applicant’s enrollment status in the program.  |
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|  |  |  | ● Contact Person at The Two Hundred Club. The applicant should contact Christine Johnson at 919-573-1315 with any questions about the scholarship application process.  |
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**Are You Aware of the North Carolina Tuition Waiver Program?**

**Under North Carolina law, UNC System institutions and North Carolina Community Colleges shall permit certain individuals to attend classes for credit or noncredit purposes without paying the required tuition. The individuals eligible for this tuition waiver include survivors (including children) of a law enforcement officer, firefighter, volunteer firefighter, or rescue squad worker killed as a direct result of a traumatic injury sustained in the line of duty, and the spouse and children (between ages 17 and 23 years of age) of a law enforcement officer, firefighter, volunteer firefighter, or rescue squad worker who is permanently and totally disabled as a direct result of a traumatic injury sustained in the line of duty. Please review Chapter 115B of the North Carolina General Statutes for further details. We encourage all potential applicants and current recipients to explore the possibility of taking advantage of this program.**

**APPLICATION**

(Attach additional sheets if space for answer is insufficient)

|  |  |
| --- | --- |
|   | **I. PERSONAL INFORMATION** |
|  | **Question** | **Response** |  |
| 1. | Name: |  |  |
| 2. | Date of Birth: |  |  |
| 3. | Social Security No.: |  |  |
| 4. | Address: |  |  |
|  |  |
| 5. | Telephone No. (Home): |  |  |
| 6. | Telephone No. (Cell Phone): |  |  |
| 7. | Email Address: |  |  |
| 8. | Hobbies and Interests: |  |  |

|  |  |
| --- | --- |
|   | **II. FAMILY INFORMATION** |
|  | **Question** | **Response** |  |
| 1. | Name of Parent Who Died in the Line of Duty: |  |  |
| 2. | Date of Death of Parent: |  |  |
| 3. | Relationship to Person Listed in No. 1 Above (Check One): | \_\_\_\_ Child of Person Listed in No. 1 Above\_\_\_\_ Spouse of Person Listed in No. 1 Above |  |
| 4. | Other Parent’s Name (If Living): |  |  |
| 5. | Parent’s Address: |  |  |
|  |  |
| 6. | Parent’s Telephone No.: |  |  |
| 7. | Parent’s Email Address: |  |  |

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|  | **III. HIGH SCHOOL EDUCATION** |
|  | **Question** | **Response** |  |
| 1. | Name of High School: |  |  |
| 2. | Address of High School: |  |  |
|  |  |
| 3. | Month/Year of Graduation: |  |  |
|  | **IV. POST-HIGH SCHOOL EDUCATION** |
|  | **Question** | **Response** |  |
| 1. | Name of College, Community College, or Other Institution of Higher Learning: |  |  |
| 2. | Address of College: |  |  |
|  |  |
| 3. | Period of Attendance (Month and Year Begun and Month and Year Ended):  |  |  |
| 4. | Area of Concentration: |  |  |
| 5. | Degrees Awarded: |  |  |

|  |  |
| --- | --- |
|  | **V. COLLEGE/PROGRAM WHERE FINANCIAL ASSISTANCE IS NEEDED** |
|  | **Question** | **Response** |  |
| 1. | Name of College/Program: |  |  |
| 2. | Address of College/Program: |  |  |
|  |  |
| 3. | Date of Enrollment: |  |  |
| 4. | Length of Program: |  |  |
| 5. | Name and Telephone No. of Admissions Officer/Financial Aid Officer Who Can be Contacted for Confirmation: |  |  |
| 6. | Career Goal: |  |  |
| 7. | Tuition: |  | ( ) quarter( ) semester |
| 8. | Books/Supplies: |  | ( ) quarter( ) semester |
| 9. | Other Costs to be Paid Prior to or During Attendance at the Program: |  | ( ) quarter( ) semester |
| 10. | What is the Amount of Financial Assistance You Would Like to Receive from The Two Hundred Club for the Program? |  | ( ) quarter( ) semester |

The information on this page and all preceding pages are complete and accurate to the best of my knowledge.

Date:

 Applicant’s Signature

AUTHORIZATION

In connection with my pursuit of college or vocational education training, I have made an application for financial assistance from The Two Hundred Club of Wake County. I hereby authorize any person / entity receiving a copy of this Authorization to discuss with and disclose to any representative of The Two Hundred Club of Wake County all information relating to my work or educational history.

Date: Signature: Print Name: