

The Salvation Army Women's Auxiliary Scholarship

2017

Eligibility: The recipient of this award shall be a high school senior/graduate,

attending an accredited two or four-year college or university towards a degree. The recipient must be a resident of Duplin,

Greene, and Lenoir counties.

Criteria: The recipient of this award is based on financial need, community

service (including services to a church or school organizations) and academic achievement. Special attention will be given to volunteerism purpose of the recipient and his/her promise of future

volunteerism.

Instructions: Please complete this entire packet. There are five pages in this

application packet. Pages I and IV (or page V if applicable) are to

be filled out completely by the applicant and returned to:

The Salvation Army Women's Auxiliary

PO Box 1479

Kinston, NC 28503-1479

The first portion of pages II and III are to be filled out by the applicant and then given to his/her high school principal, college dean, teacher or counselor, respectively, with the request that they will fill out the noted portion of pages and mail it to **SAWA** in a

self-addressed envelope.

Deadline: May 5, 2017 12:00PM

I. Applicant's Nar	me						
2. Applicant's Address							
3. Applicant's Pho	_						
4. Are you current	_						
5. Parents' / Guard	-						
6. Father's Occupa							
7. Mother's Occup							
8. Combine Gross\$15,000\$40,000	Income of Parents/G \$20,000 \$45,000	fuardians (Check or \$25,000 \$50,000	ne) \$30,000 \$55,000	\$35,000 Other			
9. Number of Fam	ily Dependents?						
	pendents Attending C						
Parents / Trust Personal Scholars	l Loan ships Already Won Thile Attending Colle		or coursely each to	/			
12. What jobs have	you held?						
13. Describe servic	ees to our community	you have performe	ed				
14. How many year	rs of service @ The S	Salvation Army? (n	/a If not applicab	le)			
15. What College a Estimated Cost	re you attending? per semester?						
16. What is your in	tended major curricu	llum?					
17. For what do yo	u plan to use this sch	olarship?					
17. Any other finar	ncial situations the co	ommittee should be	aware of?				
18. References: 1.							

HIGH SCHOOL RECORD

1.	Name
2.	From what high school:
2a.	If applicable, what college do you attend?
3.	In what extracurricular activities have you participated?
4.	What offices have you held?
5.	What honors have you received?
Sa	ease give this form to your high school counselor and ask him or her to mail it to The lvation Army – SAWA, P.O. Box 1479 Kinston, NC 28503.) Please attach pertinent nool records and awards for review.
	STATEMENT OF COUNSELOR
1.	How does this student rank in comparison with the total Senior Class?
	Number one Number two 1 st 10% Upper 25% Upper 50%
2.	Give any standardized test data.
3	What recommendations would you make concerning this student?
	Date Signature of Counselor

COMMUNITY SERVICE RECORD

1.	Name
2.	What community organizations do you belong:
3.	In what activities have you participated:
4.	What offices have you held in service organizations:
01	lease give a copy of this form to an executive officer or director of each service ganization and ask he/she to mail it to - S.A.W.A., P.O. Box 1479 Kinston, NC 503-1479.) Also attach any Awards or Recognitions received for services rendered.
	STATEMENT OF VOLUNTEER SUPERVISOR
	comment on the volunteer service background and character of this student and what mendations you would make.
	Date Signature of Volunteer Supervisor

In one	hundred words or less write a theme that will help the committee in evaluating your
qualifications.	Include in this your reasons for wanting a college education and some statement as to
what you consi	ider your life purpose to be.

Date	Signature of	Student

In one hundred words or less, explain how your volunteer experience at The Salvation Army has affected you. (If applicable)

Date

Signature of Student