



**Earl Stephenson Scholarship Fund
In Association with the
Angier & Black River Fire Department Inc.
2019 High School Scholarship Application
Application Deadline:
Postmarked by April 14, 2019**

Dear Applicant:

Thank you for your interest in the Earl Stephenson Scholarship program. Please read these instructions carefully and complete all criteria. The completed application and supporting documents must be postmarked no later than April 14, 2019. All applications and supporting documents will be kept confidential. They become the property of the Earl Stephenson Scholarship Fund and retained for one full year from the date of selection.

ELIGIBILITY

- Applicant is a dependent of Active Duty, Retired, or deceased fire fighter or Pursuing a major in Fire Sciences is eligible.
- Applicant must be programmed for 2019 High School graduation, with at least a “C” average.
- Applicant must be a 2019 graduating senior attending high school in Harnett Central Attendance Area.
- Show intent to complete post-secondary curriculum (i.e. college, vocational training, or business school).
- Acceptance of a full tuition scholarship from any other source will render the applicant ineligible.
- Children/Step-Children of any member of Earl Stephenson Scholarship Committee or Selection Committee will be ineligible during the year in which the parent or guardian serves.

SELECTION CRITERIA

- Completed Application.
- An essay, double-spaced and no more than two pages long describing your academic goals, your major or intended field of study, and your community service.
- Completed Counselor’s Evaluation Form.
- Transcript of the last seven semesters of high school.
- Current ACT or SAT scores.
- Copy of parent’s/guardian’s 2018 Tax Form (1040, 1040A, or 1040EZ).
- Copy of fireman’s ID card- FRONT AND BACK (To meet the fire fighters eligibility)

ALLOCATION OF SCHOLARSHIPS

The amount of the scholarship awarded shall be up to \$500.00.

- Scholarship (s) will be awarded in the spring of 2019 at the school’s awards day.
- Checks for the recipient (s) will be sent directly to the financial aid office where the recipient (s) has been accepted and enrolled. The money must be used before June 2020. Unused funds will revert to the Earl Stephenson Scholarship Fund.
- If for any reason a recipient cannot accept the money, or the school returns it, the money will go to the alternate.

SCHOLARSHIP SELECTION COMMITTEE

- The Selection Committee will be composed of three impartial persons concerned with higher education, to be selected by the Scholarship Committee.
- All decisions will be final.
- The Scholarship Selection Committee will select the recipient (s) and an alternate based on essay, need, school and community involvement.



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Read carefully; complete each item and sign. Please type or print in ink.

Name: _____ Social Security No. _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Sponsor's Name: _____ Relationship: _____

Sponsor's Status: Active Duty: _____ Retired: _____ Deceased: _____

Number in Family: _____ Number Presently Attending College: _____

2018 Adjusted Gross Income for Family: _____ (Attach copy of 2018 Tax Form 1040, 1040A, or 1040EZ.)

Present High School: _____

School Address: _____

List any high school related organizations or community activities in which you have been involved in the last two years:
Attach separate list if necessary.

Major or Intended Field of Study:

List Hobbies:

I give my consent to the Earl Stephenson Scholarship Committee to examine my transcript (s), requested school records and 2018 Tax From (1040, 1040A, 1040EZ). I understand that this application form and supporting documents will be confidential. Furthermore, I hereby waive my privilege to review this application form and supporting documents once they have been submitted to the Committee. I certify that the information herein is accurate and correct to the best of my knowledge. If I accept the Earl Stephenson Scholarship, I agree to abide by and fulfill all requirements. Should I not fulfill these requirements, I agree to return all scholarship money awarded to me.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



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Applicant's Name: _____

Based on your knowledge of the applicant's attitude and meaningful contributions to school and community, please check the category you feel is most applicable.

Below Average _____
Average _____
Above Average _____

Additional Comments:

Signature of Counselor

Date