



361 2nd Street NW
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SCHOLARSHIP APPLICATION

Please type or print clearly:

Full Name: _____
Last First M.I.

Address: _____
City State Zip

Nickname: _____ Phone: _____

Email: _____

Relationship to CVAR Member: _____

High School(s) Attended: _____ # of Years: _____

Name of College or Technical school you plan to attend: _____

Have you applied to the college? Yes No

Program of study you plan to pursue: _____

Father's Full Name: _____

Father Address: _____
City State Zip

Mother's Full Name: _____

Mother's Address: _____
City State Zip

Employment of Parents: (CVAR will NOT contact your employers)

<u>Company</u>	<u>Occupation</u>
Father: _____	_____
Mother: _____	_____

CERTIFICATION:

I have completed this application to the best of my ability and certify that the information submitted is true and accurate.

Signature

Date

For Committee Use Only

Date Submitted: _____

Date Reviewed: _____

Date Application Complete: _____

Scholarship Awarded: Yes No