



361 Second Street NW
Hickory, NC 28601

Phone 828.322.8249
Fax 828.327.6353

SCHOLARSHIP AMOUNT:

(2) \$1,000 (Payable at \$500 per year up to two years at a college or technical school)

(2) \$4,000 (Payable at \$1000 per year up to four years at a college)

DEADLINE DATE: 5:00 p.m. on March 1st.

ELIGIBILITY:

Applicants must:

1. Be a child or grandchild of a CVAR member.
2. Attend a high school in Catawba, Caldwell, Burke, or Wittenburg Township Alexander County, or be home schooled. Be a high school senior and an applicant to a college or technical school.
3. Have an overall high school grade average of a "C" or above.
4. Have participated in extra-curricular and or community activities.
5. Exhibit overall high standards (moral character, sense of self-worth, positive attitude, initiative, etc.)

GENERAL INSTRUCTIONS:

Read all instructions (including those on the application form) carefully. Answer all questions fully and sign the form. Be sure to give your full name and address on each supplementary page used to answer the questions. All information is kept confidential.

Submit the application as early as possible but prior to **5:00 p.m. on March 1st.** This is the deadline date. Please make sure all information requested is with your application.

Inform all persons submitting required letters or records to send them directly to:

CVAR Scholarship Committee
361 2nd Street NW
Hickory, NC 28601

It is the applicant's responsibility to see that all credentials reach the CVAR office by the deadline date.



361 Second Street NW
Hickory, NC 28601

Phone 828.322.8249
Fax 828.327.6353

SPECIFIC INSTRUCTIONS:

1. Attach the following to the completed application.
 - a. A biographical statement including your educational/career goals and any other pertinent information about yourself.
 - b. A list of your extracurricular activities during high school.
 - c. A list of any other scholarships you have applied for.
 - d. A list of any financial assistance you have applied for.
2. Request one or more letters of reference be sent from your counselors and/or teachers. Reference letters should be sent directly to the Catawba Valley Association of REALTORS® office to the attention of the Scholarship Committee.
3. Have an up-to-date transcript showing grade point average sent to the Scholarship Committee by your guidance department.
4. Drop off or mail the completed application and attachments to the Scholarship Committee by the deadline date of **March 1st**. Be sure to sign and date the application before submitting it.

WHAT HAPPENS NEXT:

Your application will be reviewed by the members of the Scholarship Committee. They will make the final selection. Screening and evaluations will be completed no later than March 31 and the recipient(s) and his/her high school will be notified by mail immediately thereafter. A representative from the Catawba Valley Association of REALTORS® will present the award on the high school's Awards Day.

Scholarship funds for the first and subsequent years of eligibility will be awarded to the recipient upon submission of receipts showing payment of college expenses and enrollment in a college program.

NOTE: To receive the Scholarship funds the second year, the recipient must maintain a minimum cumulative grade point average of 2.00 and maintain full-time enrollment in a program. An official transcript from the college must also be submitted to confirm the grade point average and program of study.



361 2nd Street NW
 Hickory, NC 28613
 Phone: 828.322.8249
 Fax: 828.327.6353
info@catawbavalleyrealtors.com

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