

# THE COMMUNITY FOUNDATION OF BURKE COUNTY

## The Anita Wilson Scholarship Fund

### DESCRIPTION

The Anita Wilson Scholarship Fund was established in 2017 with the Community Foundation by the First United Methodist Church. The primary purpose of the fund is to provide financial resources for the higher education of a young person in Burke County who is interested in pursuing a field in music performance or music education. The scholarship is renewable.

### CRITERIA

- Must be pursuing a degree in the field of music performance or music education and attending a four-year college or university
- Preference will be given to a member of, or student whose parents or grandparents are or were members of First United Methodist Church, located at 200 N. King Street, Morganton, NC
- GPA – unweighted of 2.5 or better
- Demonstrates financial need
- Is involved in their community demonstrated by volunteer work
- Demonstrates a Christian commitment

### APPLICATION REQUIREMENTS

- Applications are available through the CFBC's website at [www.cfburkecounty.org](http://www.cfburkecounty.org) and high schools in Burke County.
- Completed applications must be submitted to Scholarship Committee of the CFBC by March 1<sup>st</sup> of each year.
- The CFBC Scholarship Committee will recommend the recipient to the CFBC Board of Directors for final approval.
- This scholarship will be awarded without regard to race, creed, sex, ethnic background or handicap.

### PAYMENT OF AWARDS

Payment of scholarship awards will be made directly to the college or university.

Please submit a completed application to CFBC, P.O. Box 1156, Morganton, NC 28680-1156 by March 1<sup>st</sup>.



NAME \_\_\_\_\_

**SCHOOL ACTIVITIES**

In the space provided below or on a separate page, please list extracurricular activities in which you have participated during the past four years of high school. If currently attending college or graduate school, attach a list of the extracurricular activities that you have been involved in since entering college. Include clubs, sports, student government, fine arts, etc.

ACTIVITY	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

**COMMUNITY & PERSONAL ACTIVITIES**

In the space provided below or on a separate page, list community, church/synagogue and personal activities in which you have participated during the past four years of high school. If currently attending college or graduate school, attach a list of the community, church/synagogue and personal activities in which you have participated since entering college. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time.

ACTIVITY	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	APPROX. TIME OUTSIDE CLASS HRS/WK WKS/YR	LEADERSHIP POSITIONS, LETTERS EARNED, AWARDS, RECOGNITION, ETC.

**WORK EXPERIENCE**

In the space provided below or on a separate page, please list any work experience (including self-employment) you have had during the past four years. Include summer jobs as well as employment during the school year. Complete this information beginning with your most recent work experience.

EMPLOYER – Contact Person & Phone	Position	Dates Employed	Hours/Week

NAME \_\_\_\_\_

**COLLEGE/UNIVERSITY INFORMATION (FOR THOSE PLANNING TO ATTEND COLLEGE FOR THE FIRST TIME)**

What major(s) would you like to pursue? \_\_\_\_\_

Please complete the following information for your top three college choices.

1. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

2. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

3. School/City/State: \_\_\_\_\_

Admission status: \_\_\_\_\_ Application Pending      \_\_\_\_\_ Enrollment Offered      \_\_\_\_\_ Enrollment Offer Accepted

**COLLEGE STATEMENT: Attach a brief statement telling us why these institutions are most appealing to you.**

**COLLEGE/UNIVERSITY INFORMATION (FOR THOSE CURRENTLY ENROLLED IN COLLEGE OR GRADUATE SCHOOL)**

What major are you pursuing? \_\_\_\_\_

Please list the colleges you have attending and/or are currently enrolled in:

1. College/University/City/State: \_\_\_\_\_

Class Status: \_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      Years Attended: \_\_\_\_\_

2. College/University/City/State: \_\_\_\_\_

Class Status: \_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      Years Attended: \_\_\_\_\_

3. College/University/City/State: \_\_\_\_\_

Class Status: \_\_\_\_\_ Freshman      \_\_\_\_\_ Sophomore      \_\_\_\_\_ Junior      \_\_\_\_\_ Senior      Years Attended: \_\_\_\_\_

**RECOMMENDATIONS**

Please make copies of the attached form and submit no more than three (3) recommendations from a teacher or school official, a club or community sponsor/advisor or any non-family member. All recommendations should be on the attached form and returned to the scholarship committee in a sealed envelope with signature across the seal.

**OTHER AWARDS**

Please list below or on a separate page the name, amount and status of any grants or scholarships for which you have applied for the coming school year.

NAME OF AWARD	AMOUNT	GRANTED	PENDING

Please notify the Community Foundation of Burke County office of any grants or scholarships you receive after you submit this application.

**CERTIFICATION**

In voluntarily submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I give my permission to this Scholarship Selection Committee, the Community Foundation of Burke County Scholarship Committee, the Directors of the Community Foundation of Burke County and the Community Foundation of Burke County staff to release information contained in this application for the purposes of determining and publicizing scholarship awards.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

- **Before submitting this application, please make a copy for your records.**
- **Insert all attachments inside the application and clearly indicate your name on the top right corner of all attachments.**
- **Do not use staples, since applications must be copied.**

**Please return a completed application to the Community Foundation of Burke County, P.O. Box 1156, Morganton, NC 28680-1156, by March 1st.**

For more information, contact:

The Community Foundation of Burke County ~ Telephone: (828) 437-7105 ~ E-mail: nwtaylor@cfburkecounty.org

# The Anita Wilson Scholarship Fund Recommendation Form

Student's Name: \_\_\_\_\_

*Please note that family members may not be used as references.*

1. How long have you known the applicant and in what capacity?
  
  
  
  
  
  
  
  
  
  
2. In your opinion, will receiving this scholarship make the difference in allowing this student to attend college?
  
  
  
  
  
  
  
  
  
  
3. Comment on this student's character, academic ability and potential.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Relationship

**Please return this form to CFBC, P.O. Box 1156, Morganton, NC 28680 in a sealed envelope with the signature across the seal.**