

THE COMMUNITY FOUNDATION OF BURKE COUNTY

BETTY AND OTTO WOERNER ENDOWED SCHOLARSHIP FUND

DESCRIPTION

The Betty and Otto Woerner Endowed Scholarship Fund was established by Betty Woerner in 2013. 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 teaching, fashion design or culinary arts.

ELIGIBILITY

One scholarship will be offered each year to a resident of Burke County or a past scholarship recipient. The Scholarship will be awarded without regard to race, creed, sex, ethnic background or handicap. The Scholarship is available to a student who is planning to attend a four year college or university; currently attending graduate school; and/or currently enrolled in college. The Scholarship is renewable. However, scholarships are awarded for one academic year and must be re-applied for. Renewal applications must be received by February 1st of each year.

CRITERIA (IN ORDER OF PRIORITY)

- 1st Commitment to complete a four year degree
- 2nd GPA – 3.0 or better
- 3rd Demonstrates scholastic achievement and academic ability
- 4th Demonstrates leadership potential
- 5th Involved in the community as demonstrated by volunteer work.

SELECTION PROCESS

When a scholarship is available, the Scholarship Committee at high schools in Burke County may submit one nominee each for this scholarship. The recommended recipient's application, including all attachments, must be sent to the Community Foundation of Burke County (CFBC) and received by March 5th.

Renewal applications must be sent to CFBC and received by February 1st.

The Scholarship Committee of the Community Foundation will review all nominees and make its recommendation to the Board of Directors. The Board of Directors of the CFBC shall give final approval to the nominee who is awarded the scholarship.

- (1) If you are a graduating senior, please submit a completed application to your guidance department by February 19th.
- (2) If you are currently enrolled in college or attending graduate school, please submit a completed application to CFBC, P.O. Box 1156, Morganton, NC 28680 by February 19th.
- (3) If you are applying for a renewal of this scholarship, please submit a completed renewal application to CFBC, P.O. Box 1156, Morganton, NC 28680 by February 1st.

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PAYMENT OF AWARDS

Payment of scholarship awards will be made directly to the college or university at the beginning of the academic year.

The scholarship recipient must provide the Community Foundation of Burke County with an official transcript from the college or university he/she attended at the end of each academic year for which a scholarship is received.

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- (2) If you are currently enrolled in college or attending graduate school, please submit a completed application to CFBC, P.O. Box 1156, Morganton, NC 28680 by February 19th.
- (3) If you are applying for a renewal of this scholarship, please submit a completed renewal application to CFBC, P.O. Box 1156, Morganton, NC 28680 by February 1st.

THE COMMUNITY FOUNDATION OF BURKE COUNTY
BETTY AND OTTO WOERNER SCHOLARSHIP APPLICATION

Please read each entire section before completing the application.

APPLICANT INFORMATION

Name: _____
Last First Middle "Goes By"

Permanent Address: _____

Email: _____ Telephone: _____

Date of Birth: _____ Place of Birth (City/State or Country): _____

High School: _____
School Name School Phone Number

Please include a transcript with your application.

FAMILY INFORMATION

(List first, the parent/guardian you live with most, if you are still living with your parents or a guardian)

Parent/Guardian 1: _____
First Name Last Name Work Phone #

Occupation: _____ Employer: _____

Parent/Guardian 2: _____
First Name Last Name Work Phone #

Occupation: _____ Employer: _____

Household: (check one) Single Parent: _____ Two Parent: _____ Living Independently: _____

Number of People Living In Household: _____

Check if Applicable: () Father Deceased () Mother Deceased () Parents Separated () Parents Divorced

Please include a completed copy of FAFSA or W-2 for previous year with your application.

Parent Education Levels:

- Mother a) High School Graduate: Yes ____ No ____ b) Four-year College Graduate: Yes ____ No ____
- Father a) High School Graduate: Yes ____ No ____ b) Four-year College Graduate: Yes ____ No ____

List names and ages of brothers & sisters living at home or in college who are dependents of parent (s) or guardian (s):

Name: _____ Age: _____ College: _____

Name: _____ Age: _____ College: _____

Name: _____ Age: _____ College: _____

Name: _____ Age: _____ College: _____

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. **If you are a renewal applicant, please attach a sheet listing the school activities you have been engaged in since entering college.**

ACTIVITY	9 th	10 th	11 th	12 th	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. **If you are a renewal applicant, please attach a sheet listing the community and personal activities you have been involved in since entering college.**

ACTIVITY	9 th	10 th	11 th	12 th	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 attended 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.**

If you are a graduating senior, please return a completed application to your high school guidance department by February 19.

If you are currently attending college or in graduate school, please return a completed application to the Community Foundation of Burke County, P.O. Box 1156, Morganton, NC 28680-1156, by February 19.

If you are a renewal applicant, please return a completed application to the Community Foundation of Burke County, P.O. Box 1156, Morganton, NC 28680-1156, by February 1st.

For more information, contact:

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

Betty & Otto Woerner Endowed Scholarship 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 the Guidance Office (if a graduating senior) or directly to CFBC (if currently in college or graduate school), in a sealed envelope with the signature across the seal.