

# THE COMMUNITY FOUNDATION OF BURKE COUNTY

## **Minnie Belle Rector Cooper Nursing Scholarship Fund**

### **DESCRIPTION**

The Minnie Belle Rector Cooper Nursing Scholarship Fund was established in 2017 with the Community Foundation of Burke County by her daughter, Maxine McCall. The primary purpose of the fund is to provide financial resources for the higher education for someone who is pursuing a degree in nursing. The scholarship is renewable.

Minnie Belle was a supervisor of the Full Fashion Department of Alba Waldensian, where she worked for more than 30 years. She studied nursing at the Medical College of Virginia in Richmond, Va.; completed a course of study in business at Clevenger's Business College in Hickory; and completed an LPN Program at Caldwell Community College. She worked as the LPN at Caldwell Memorial Hospital in Lenoir, NC.

### **CRITERIA**

- Must be pursuing a degree in the field of nursing and attending Western Piedmont Community College (WPCC) or Caldwell Community College to obtain an ADON degree or be enrolled in the RIBN Program, a dually enrolled nursing program between Lenoir-Rhyne and WPCC.
- Preference will be given to someone who has decided later in life to pursue a degree in nursing.
- Demonstrates financial need

### **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.

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

THE COMMUNITY FOUNDATION OF BURKE COUNTY  
MINNIE BELLE RECTOR COOPER NURSING SCHOLARSHIP FUND

*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.

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 \_\_\_\_\_

**TWO YEAR COLLEGE INFORMATION**

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

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

**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](mailto:nwtaylor@cfburkecounty.org)

**THE COMMUNITY FOUNDATION OF BURKE**  
**COUNTY**

**Minnie Belle Rector Cooper Nursing Scholarship Fund**

**PAYMENT OF AWARDS**

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

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28680-1156 by March 1<sup>st</sup>.**

