

THE COMMUNITY FOUNDATION OF BURKE COUNTY

THE TIM SPAIN SCHOLARSHIP FUND

DESCRIPTION

The Tim Spain Scholarship Fund was established by his parents and sister in memory of Burke County Schools' teacher Tim (TJ) Spain, who taught German and mathematics at East Burke High School and mathematics at Draughn High School. He had a passion for teaching and impacted many students during his 19-year career, which ended suddenly by his unexpected death in 2017. Constantly striving to increase his own knowledge in a wide variety of topics, he worked passionately to pass on that goal to his students. With this goal in mind, family and friends contributed memorials to establish this fund to keep his memory and love of teaching alive.

ELIGIBILITY

One scholarship will be offered each year to a graduating senior from either East Burke High School or Jimmy C Draughn High School. The scholarship will be awarded without regard to race, creed, sex, ethnic background or handicap.

CRITERIA (IN ORDER OF PRIORITY)

1. GRADUATING SENIOR FROM EAST BURKE HIGH SCHOOL OR JIMMY C. DRAUGHN HIGH SCHOOL
2. ATTENDING A FOUR-YEAR COLLEGE OR UNIVERSITY
3. GPA (UNWEIGHTED) OF AT LEAST 3.3
4. INVOLVEMENT IN NON-ATHELETIC EXTRA-CURRICULAR ACTIVITIES
5. STRONG MORAL CHARACTER
6. DEMONSTRATES A WILLINGNESS TO HELP OTHERS
7. FINANCIAL NEED

SELECTION PROCESS

When a scholarship is available, the Scholarship Committee at East Burke High School and Jimmy C. Draughn High school may submit one nominee each for this scholarship. The recommended recipient's application, including all attachments, must be sent to the

Please submit a completed application to your guidance department by February 19th.

THE COMMUNITY FOUNDATION OF BURKE COUNTY

Community Foundation of Burke County (CFBC) by March 5th. 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.

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.

Please submit a completed application to your guidance department by February 19th.

THE COMMUNITY FOUNDATION OF BURKE COUNTY
TIM SPAIN SCHOLARSHIP FUND 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 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. Include clubs, sports, student government, fine arts, etc.

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

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. Include volunteer work, youth programs, athletic programs, music, dance, scouting, 4-H, or hobbies to which you have devoted time.

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

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

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. Also describe how you have demonstrated a willingness to help others either at school or in your community work.

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 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 Community Foundation 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 your high school guidance department by February 19.

For more information, contact:

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

Tim Spain 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, willingness to help others, academic ability and potential.

Signature

Date

Print or type name

Relationship

Please return this form to the Guidance Office in a sealed envelope with the signature across the seal.