

Betty and Otto Woerner Endowed Scholarship Fund

The Betty and Otto Woerner Endowed Scholarship Fund was established in 2013 by Betty Woerner. 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.

The criteria follow:

- Plans to attend a four year college or university; currently attending graduate school; and or currently enrolled in college
- GPA - 3.0 or better
- Demonstrates scholastic achievement and academic ability
- Demonstrates leadership potential
- Is involved in their community demonstrated by volunteer work

Important information:

- Applications are available through the CFBC offices and high schools in Burke County.
- The scholarship is renewable.
- If you are a graduating senior, completed applications must be submitted to the high school guidance counselor by February 20. Each high school may then submit two applications to the Scholarship Committee of the CFBC by March 1st of each year.
- If you are currently enrolled in college or graduate school, completed applications must be submitted to the Scholarship Committee of the CFBC by March 1st of each year.
- The CFBC Scholarship Committee will recommend the recipient to the CFBC Board of Directors for final approval.

Number of Scholarships:	1
Scholarship Amount:	\$1,080

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, list the extracurricular activities that you have been involved in since entering college. Include clubs, sports, student government, fine arts, etc.

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, list 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 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 attending and 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 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.**

If you are a graduating senior, please return a completed application to your high school guidance department by February 20.

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 March 1.

For more information, contact:

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