

THE COMMUNITY FOUNDATION OF BURKE COUNTY

WYNNE AND OTTO WOERNER ENDOWMENT SCHOLARSHIP FUND WOERNER-CAROLINA SHOE SCHOLARSHIP

DESCRIPTION

The Wynne and Otto Woerner Endowment Scholarship was established by Otto Woerner in 2003. The primary purpose of the fund is to provide financial resources for further education to direct descendents (child, grandchild, great grandchild, etc.) of Carolina Shoe employees (must have worked at Carolina Shoe for a minimum of two years).

ELIGIBILITY

One \$2,500 scholarship will be offered to a graduating senior from a high school in Burke or an adjoining county in North Carolina. This scholarship may be used at a publicly supported state college, university or community college. This scholarship may be renewable annually. Scholarships will be awarded without regard to race, creed, sex, ethnic background or handicap.

CRITERIA (IN ORDER OF PRIORITY)

- 1st Direct descendant of a Carolina Shoe employee
- 2nd Financial need
- 3rd Top half of class
- 4th Commitment to complete a four year degree

SELECTION PROCESS

If a direct descendent of a Carolina Shoe employee attends a high school outside of Burke County, please contact the Community Foundation at (828) 437-7105.

When a scholarship is available, the Scholarship Committee at high schools in Burke and adjoining counties 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 by March 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.

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 20th.

**THE COMMUNITY FOUNDATION OF BURKE COUNTY
WOERNER-CAROLINA SHOE 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 County School Phone Number

SAT Reading _____ SAT Math _____ SAT Writing _____ Date Test Taken _____

High School Graduation Date _____ High School GPA _____ High School Class Rank _____ out of _____ students.

Please include a transcript with your application.

FAMILY INFORMATION

(List first, the parent/guardian you live with most)

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 _____

Number of People Living In Household: _____

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

Taxable Income:

- a) \$0 – 14,355 _____ b) \$14,356 – 19,245 _____ c) \$19,246 – 24,135 _____
d) \$24,136 – 29,025 _____ e) \$29,026 – 33,915 _____ f) \$33,916 – 38,805 _____
g) \$38,806 – 43,695 _____ h) \$43,696 – 48,585 _____ i) \$ above 48,586 _____

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 _____

Name of Carolina Shoe family member Relationship to Applicant Dates of Employment at Carolina Shoe

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. 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. 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

List any colleges/universities previously attended and the dates of attendance:

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.

ESSAY

Answer each of the following questions on separate sheets of paper and attach to this application form. (Type or print neatly on single sided sheets of paper. Each answer should consist of 300 words or less.)

1. Discuss your educational/career plans and goals, why you have chosen your particular field, and why you think you will be a success.
2. Why do you feel that you need this scholarship? (Please note any special circumstances, especially as they relate to financial need.)
3. Provide any other information that will assist this committee in making its decision.

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.

Return a completed application to your high school guidance department by February 20.

For more information, contact:

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