

The William Bryant Evans and Lucy Teague Evans Memorial Scholarship

THE WILLIAM BRYANT EVANS AND LUCY TEAGUE EVANS MEMORIAL SCHOLARSHIP

was established in 1994 through the will of Marjorie Evans Doggett in memory of her parents, who lived in McLeansville.

Priority is given to those who live in the McLeansville area with preference given to students pursuing an undergraduate degree in science or the humanities. The applicant must also demonstrate financial need and academic achievement. The \$1000 scholarships are renewable if the recipient maintains a cumulative grade point average of 2.75.

IMPORTANT

TO COMPLETE THIS APPLICATION YOU MUST

1. Send with this Application Form a 1-2 page typed statement telling why you should be considered for this scholarship, your qualifications, and your educational and career goals.
2. Send with this Application Form a ***paper copy*** of the **Free Application for Federal Financial Aid (FAFSA)**. The **FAFSA** is available in paper and electronic formats. You can get the paper version from your high school, the financial aid office at any college or university, the public library, or by calling 1-800-4-FED-AID. Web-based version is at <http://www.fafsa.ed.gov>. *If you do not have a copy of FAFSA, you may send in a copy of your parent/legal guardian's tax return (IRS 1040) for the past calendar year. NOTE: If both parents are responsible for your support and separate returns were filed, copies of both IRS 1040s must be sent.*
3. Have your school send to the Community Foundation of Greater Greensboro a transcript of your grades with the explanation of grading system.
4. Have three individuals complete and return to the Foundation the Recommendation Forms for the scholarship. Two of these individuals should be current teachers or school personnel and one should be an employer or non-relative residing in Guilford County. Please remind your references to send these forms by the scholarship deadline, **February 15, 2008**.

**COMPLETE APPLICATIONS MUST BE SUBMITTED
(POST-MARKED OR HAND DELIVERED) NO LATER THAN
February 15, 2008**

Evans Memorial Scholarship
COMMUNITY FOUNDATION OF GREATER GREENBORO
P.O. Box 20444
Greensboro, NC 27420-0444

APPLICATION FORM
The William Bryant Evans and Lucy Teague Evans
Memorial Scholarship

Community Foundation of Greater Greensboro

Name of Applicant _____
Last First Middle

Address _____

City _____ State _____ Zip _____

Home Phone _____ e-mail: _____

Applicant's Social Security Number _____

High School from which you plan to graduate _____

Parent/Guardian _____
Information Last First Middle

Address _____

City _____ State _____ Zip _____

Relationship to Applicant _____

Parents' Marital Status Married Single Separated Divorced Widowed

College/University you plan to attend _____

Intended Major/Primary Field of Study _____

Where will applicant live? On Campus With parents Independently

Current and Past School Activities and Honors: _____

Community Activities and Honors: _____

FINANCIAL INFORMATION

Annual College Expenses

Tuition/Fees _____
Room/Board _____
Books/Supplies _____
Personal Expenses _____
Other _____
Total _____

Estimated Annual Resources

Family contributions
Toward school expenses _____

Applicant's savings
or earnings for school _____

Financial Aid
Grants _____
Scholarships _____
Loans _____
Work/Study _____
Other (specify) _____

Other income for
School expenses
(specify) _____

**Total estimated
Annual resources** _____

Name, address and telephone number of your Financial Aid Officer at the university you plan to attend (if known):

Applicant Employment Information: Please list your employment history, including dates, starting with most recent job.

Applicant Statement: The information provided in my application is, to the best of my knowledge, complete and accurate. I understand that false statements in my application will disqualify me from scholarship assistance. I give permission for any college or school to release to Community Foundation of Greater Greensboro any information necessary to process my application for The William Bryant Evans and Lucy Teague Evans Memorial Scholarship.

Applicant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

A copy of the high school academic transcript must accompany the application. In addition, the school should attach an explanation of its grading system. Data requested below should be completed by the high school guidance counselor.

Weighted GPA: _____ Scholastic Rank in Class: _____ of _____

SAT Scores (Highest scores obtained in multiple testing):

Verbal: _____ Writing: _____

Math: _____ Total: _____

Guidance Counselor (Printed Name)

Telephone Number

Signature of Guidance Counselor

Date

RECOMMENDATION FORM

**The William Bryant Evans and Lucy Teague Evans
Memorial Scholarship**

Community Foundation of Greater Greensboro

The student below is applying for the William Bryant Evans and Lucy Teague Evans Memorial Scholarship for undergraduate students demonstrating merit, character, participation in extracurricular activities and community involvement. Your recommendation is needed as part of the application process. Please complete this form and return it to Evans Memorial Scholarship, Community Foundation of Greater Greensboro, P.O. Box 20444, Greensboro, NC 27420-0444, no later than **February 15, 2008**.

To be completed by applicant:

Name of scholarship applicant _____

School applicant will attend next fall _____

Major/primary field of study _____

To be completed by reference:

How long have you known the applicant? _____

In what capacity have you known the applicant?

_____ Student _____ Employee _____ Other (specify) _____

Please rate the applicant in the following categories on a scale of 1 to 5 with 5 being the highest ranking and 1 being the lowest. You may also indicate "U" for unknown.

_____ Scholastic achievement _____ Extracurricular and community involvement

_____ Character _____ Potential for success at the college level

_____ Potential to achieve in chosen field

Scholarship Recommendation:

Print Name _____

Signature _____

Title _____

Daytime Phone _____

Date _____