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|  | **Scholarship Program** | Shiloh Community AssociationP.O. Box 5253 Asheville, NC 28813-5253 |

To Whom It May Concern:

The Shiloh Community Association was established in 2000 by concerned residents to address ongoing challenges for the area’s oldest continuously inhabited historic African American community. The Association brings community members together to identify issues, develop solutions and implement positive change to improve the quality of life for residents. We hope that students with a desire to continue their education will apply.

**APPLICANT ELIGIBILITY
Requirements:**

* Students must be graduating high school seniors who have applied to an undergraduate college or university. (*Awards will be granted to high school seniors upon proof of college acceptance.);* or be currently enrolled as an undergraduate in a college or university.
* If a high school senior the applicant must have a minimum cumulative Grade Point Average of a 2.50 on a 4.0 scale.
* If currently enrolled in a college or university the applicant must have a minimum cumulative Grade Point Average of a 2.50 on a 4.0 scale or the equivalent on a 3 point scale.
* Demonstrate community service.
* Submit an essay and two letters of recommendations (see application page 4 for details).

**Preferences:** Preferred applicants will reside in the Shiloh Community or,
 Preferred applicants will have a relative who is a member of the Shiloh Community Association. *(****These are preferences, but not requirements.)***

**Completed applications must be postmarked by Tuesday, April 20, 2024 and mailed to:**

 **Shiloh Community Association
ATTN: Scholarship Committee
P.O. Box 5253
Asheville, NC 28813-5253**

**Incomplete applications will not be reviewed.**

**Contact:** Anita White-Carter, Chair Scholarship Committee [aiwhite107@gmail.com](file:///C%3A%5CUsers%5COwner%5CDocuments%5Caiwhite107%40gmail.com)

The Shiloh Community Association does not and shall not **discriminate** on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, or sexual orientation in its activities or programs.

 *Scholarship Application 2023-2024*

***Shiloh Community Association***

*Building on the Legacy and Embracing the Future*

College Scholarship Application



Application Deadline:

Must be postmarked by April 20, 2024

*All information will remain confidential.*

For more information contact:

 Anita White-Carter ~ (828) 707-2227 ~ [aiwhite107@gmail.com](file:///C%3A%5CUsers%5CAnita%5CDocuments%5Caiwhite107%40gmail.com)

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 *Scholarship Application 2023-2024*

**Shiloh Community Association**

 **Scholarship Application
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NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 Street City/State Zip

HOME PHONE/CELL PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: [ ] Female [ ] Male

Current School Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of relative active in the Shiloh Community Association \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With Whom Do You Reside: [ ] BOTH [ ] FATHER [ ] MOTHER [ ] OTHER

If other, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Family Yearly Income:**

[ ] Less than $10,000 [ ] $10,000 - $20,000 [ ] $20, 001- $30,000 [ ] $30,001 - $40,000

[ ] $40,001 - $50,000 [ ] $50,001 +

Total number of dependent children in the household (including self): \_\_\_\_\_\_\_\_\_\_\_\_\_
Total number of dependent children attending college next fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**High School Seniors:**

List the college or colleges where you have applied or been accepted. (Attach additional pages if needed.). If you have been accepted, please attach a copy of your acceptance letter.

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**College applicants currently enrolled:**

List the college or university where enrolled.

How long have you been enrolled? \_\_\_\_\_\_\_\_\_\_\_\_ When do you expect to graduate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For all applicants:**
INTENDED OR CURRENT MAJOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTENDED OR CURRENT MINOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAREER GOALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List the financial aid for which you have applied and the results:
(Attach additional pages if needed.) AWARDED

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]YES [ ] NO
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] YES [ ] NO
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] YES [ ] NO

List high school or college academic awards and honors. (Attach additional pages if needed.)

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List your community activities (non-school related), include offices held. (Attach additional pages if needed.)

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List extra-curricular school activities (athletics, clubs….), include offices held. (Attach additional pages if needed.)

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Please list any employment positions held. (Attach additional pages if needed.)

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PLEASE ATTACH THE FOLLOWING TO YOUR APPLICATION. ***Include all materials in one envelope.***

1. **Essay:** **Why should the scholarship be given to you as opposed to another student?** Essay must be at least 400 words. Discuss any obstacles that you have overcome, indicating how each has impacted your life and your decision to pursue a college education. Please provide the committee with any pertinent information you would like us to consider in reviewing your application. Include **your name at the top** of your essay**. It must be typed and double spaced.**
2. **Two (2) current letters of recommendation must be submitted from the following individuals:** ~ Person not related to you (e.g. your employer, church official, community group leader or sponsor)
 ~ School personnel (past or present teacher, counselor, advisor, or principal)
Recommendation letters must be current, not copies of previously written letters, with original signatures.
3. **Current copy of your official transcript (must contain the school seal).**
4. A recent 2x3 or other small **headshot** that is clear and could be used for publication. Print your name on the back of your photograph.
5. The application must **be signed and dated by you and a parent or guardian.**

**READ CAREFULLY BEFORE SIGNING:**

It is understood that false statements on this application shall be sufficient grounds for rejection of this application. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that all information given is accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Applicant’s Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent or Guardian’s Signature Date**

**Please submit completed application to:**

Shiloh Community Association
ATTN: Scholarship Committee
P.O. Box 5253
 Asheville, NC 28813-5253

**All materials must be postmarked by April 20, 2024.**

**Hand-delivered applications will not be accepted.
Late or incomplete applications will not be considered.**

**This is a one-time scholarship award.**

 *Scholarship Application 2024-2025*